Social Security

Software Specifications and Edits for Correcting Annual Wage Reports January 1997

SOFTWARE SPECIFICATIONS AND EDITS FOR CORRECTING ANNUAL WAGE REPORTS JANUARY 1997

TABLE OF CONTENTS **PAGE Nos.**

CHAPTER 1 - GENERAL REQUIREMENTS

Purpose 1
Background 1
Electronic Access 2
Inquiries 2
Magnetic Media Filing 2
Criteria for Producing Paper Correction Reports 3-4

CHAPTER 2 - QUALITATIVE STEPS FOR EMPLOYERS

Verifying and Correcting Social Security Numbers and Names 5
Initial Correction Report Activities 5-6
Preparing Correction Reports 6-7
Submitting Correction Reports 7

CHAPTER 3 - STANDARDS, SPECIFICATIONS AND EDITS

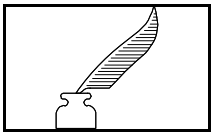
Introduction 8
Changes in Criteria From Preceding Years 8-10
Standards Specifications and Edits for Forms W-2c and W-3c 10-11
Part 1: Paper Form W-2c 12-37
Part 2: Paper Form W-3c 38-53
Where to File 54

CHAPTER 4 - REPORTING EXAMPLES FOR PREPARING PAPER FORMS W-2c, W-3c AND 941c

Introduction 55
Inquiries 55
Background 55-56
Case Scenario 56-70

Exhibits - Payroll Register Data Tables 71-74
Appendix A: Telephone Numbers for the Social Security Administration's Regional Magnetic Media Coordinators 75
Appendix B: IRS/SSA Publications 76
Appendix C: Format Changes to Form W-2c 77
Appendix D: Format Changes to Form W-3c 78

CHAPTER 1 - GENERAL REQUIREMENTS



Purpose

This document prescribes standards, specifications and edits for software used to produce paper Form W-2c, Statement of Corrected Income and Tax Amounts and paper Form W-3c, Transmittal of Corrected Income and Tax Statements. It provides employer human resource departments with guidance necessary to properly compile payroll data used to produce Forms W-2c/W-3c and furnishes programmers with requirements for properly producing the physical Forms W-2c/W-3c. It also provides paper reporting examples which illustrate (1) how to correct several types of common wage reporting errors and (2) the relationship between the data on Forms W-2c/W-3c and Internal Revenue Service (IRS) Form 941c, Supporting Statement to Correct Information.

We encourage you to use software which complies with the standards, specifications and edits in this publication. By complying with these guidelines, you can help (1) improve the accuracy of wage records used by the Social Security Administration (SSA) to determine eligibility for and amount of Social Security benefits and (2) reduce resources used by the private sector and the Federal Government in administering the annual wage reporting process and later on in the SSA/IRS wage reconciliation process.

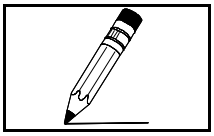
PLEASE NOTE: The principle instructions for preparing paper Forms W-2c and W-3c are published by the IRS. See Appendix B.

Background

Since tax year (TY) 1978, employers have been required to submit Copy A of Forms W-2, Wage and Tax Statement and W-3, Transmittal of Income and Tax Statements directly to SSA for crediting employee wage records. Employers should use Forms W-2c/W-3c to correct errors on Forms W-2/W-3, and file Copy A of the corrections with SSA (see Where to file). Other "payers" can only use paper (not magnetic media) Forms W-2c/W-3c to correct previously filed Forms W-2P. However, SSA no longer processes Forms W-2c which correct W-2P data. W-2c reports correcting W-2P data should be forwarded to IRS. When you inform IRS of corrections to previously reported data on Form 941c, you must determine whether Copy A of Forms W-2c and W-3c should also be submitted to SSA.

Electronic Access

You can obtain additional copies of this SSA publication by using a personal computer and modem to access either the SSA or IRS electronic bulletin board systems (BBS). You can access the SSA-BBS by dialing (410) 965-1133 or the IRS-BBS by dialing (304) 264-7070. Internet subscribers can now read and print this publication directly from the Employer Information section of SSA Online @ WWW.SSA.GOV.



Inquiries

Operational or technical questions should be directed to your respective regional magnetic media coordinator listed in Appendix A. Comments or suggestions regarding this document should be forwarded to the:

Social Security Administration
Office of Financial Policy and Operations
ATTN: AWR Software Standards Project
P.O. Box 17195
Baltimore, MD. 21235

Tax questions or questions on tax law and regulations (including calculating amounts which are to be reported) must be addressed to the IRS Information Reporting Call Site at telephone number 1-304-263-8700 (Not a Toll Free Number).

Magnetic Media Filing

This document does not include magnetic media filing requirements. For copies of magnetic media filing instructions for W-2c/W-3c correction information, you should contact your respective magnetic media coordinator listed in Appendix A. Using a personal computer and modem, you may also obtain this information through either the SSA or IRS electronic bulletin board systems (BBS). You can access the SSA-BBS by dialing (410) 965-1133 or the IRS-BBS by dialing (304) 264-7070.

Criteria for Producing Paper Correction Reports

Paper Forms W-2c and W-3c should meet the following criteria:

1. Wherever possible, entries should be systems generated from verified data to reduce the risks inherent with manual entry/reentry.

2. W-2c data for each employer should be segregated based on type of employment previously reported on the Form W-2 or W-2c being corrected (e.g., regular Social Security tax employment versus Medicare Qualified Government Employment (MQGE)) to permit (a) one employee W-2c submission for each type of employment and (b) associating each type of W-2c submission with one W-3c indicating the corresponding kind of payer.

3. Information should be entered in the appropriate items or blocks based on the types of corrections and the type of employment involved.

4. Repetitive information, such as the employer's name, address, and Employer Identification Number (EIN) should be checked for consistency when preparing the forms.

5. Where appropriate, only alphabetic, numeric or special character (i.e., parentheses) data should be entered.

6. Corrected tax withholding amounts should be consistent with the taxable wages and rates for Social Security and/or Hospital Insurance (Medicare) for the TY being corrected.

7. Amounts designated "As Previously Reported" in column A on Form W-2c should match to corresponding amounts reported on;

   a. ALL previously reported W-2s for the same TY, Social Security Number (SSN), EIN and employment type or,

   b. A SINGLE Form W-2 or W-2c for the same TY, SSN, EIN and employment type.

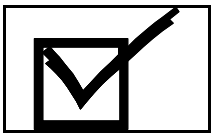
8. Do not produce W-3c entries before all necessary W-2c entries are prepared. W-3c entries should represent the combined total of all corresponding W-2c entries.

9. Use control totals from column C of the W-3c (in conjunction with control totals from previously filed Forms W-3) in matching and reconciling the annual sum of quarterly amounts reported on IRS Form 941 or comparable forms (including any Forms 941c)

for the same TY and same EIN. Be alert for adjustments reported on Form 941c submissions to ascertain that they belong to the current year.

10. Employers may submit as many Form W-2c paper correction reports as necessary. It is not required that 250 or more corrections to Forms W-2 be reported on magnetic media.

CHAPTER 2
QUALITATIVE STEPS FOR EMPLOYERS



The following checklist contains a number of basic, qualitative steps you can take to help accurately report corrections to employee wages and protect their future benefits under the Social Security and Medicare programs.

Verifying and Correcting Social Security Numbers and Names

[ ] Encourage employees to verify basic information each year on their copies of Forms W-2, particularly their name and SSN, and report any errors promptly to you as a basis for preparing a W-2c correction report.

[ ] When correcting an employee name (due to marriages, divorces, etc.,), remind employees to promptly report those name changes to SSA by completing and submitting a new Form SS-5, Application for a Social Security Card to SSA.

Initial Correction Reporting Activities

[ ] If you detect differences between amounts reported to SSA and/or IRS for Social Security wages/tips and/or Medicare wages/tips, evaluate whether you should submit correction reports to SSA, IRS or both agencies.

[ ] If incorrect amounts were reported only to SSA and you have not received a notification of correction from SSA, then corrections must be submitted to SSA.

[ ] If incorrect amounts were reported to both SSA and IRS and you have not received a notification of correction, then you must submit corrections to both agencies.

[ ] If SSA notified you that reported amounts have automatically been changed and:

- o You agree with the change(s), no correction(s) should be submitted to SSA. However, IRS correction forms may be necessary to ensure amounts reported to IRS are consistent with the automated change(s) made by SSA.

- o You disagree with the change(s), then contact SSA for instructions to resolve the matter. (Instructions for contacting SSA are printed on the notice you received.)

NOTE: SSA only changes W-2 data when we find that Medicare or Social security wages were reported inconsistently or incorrectly.

Preparing Correction Reports

[ ] Ensure that your EIN reported on Forms W-2c and W-3c (and, if applicable, Form 941c) is the correct number issued by the IRS and that you reported the EIN consistently on all three types of forms.

[ ] Use standard or approved Forms W-2c and W-3c. See IRS Publication No. 1223, Specifications for Private Printing of Substitute Forms W-2c and W-3c for instructions.

[ ] Use a font that is not smaller than 12 characters per inch

[ ] Do not use a new Form W-2 or W-3 to correct a previous report submission - use a Form W-2c or W-3c instead.

[ ] When correcting more than one Form W-2 issued to an employee:

- o Include data from ALL Forms W-2 for that employee (under the same EIN and type of employment for the TY being corrected) or,
- o If appropriate, you can submit a Form W-2c to correct a SINGLE Form W-2 or W-2c.

[ ] Separate Forms W-2c/W-3c must be prepared for each year needing correction.

[ ] Check that the Form W-3c line item entries balance to the sum of corresponding line item entries on the accompanying Forms W-2c.

[ ] Do not "zero-fill" (e.g., 0.00) any W-2c line items which you are not correcting - leave these line items blank.

[ ] Do not prepare Form W-2c to reallocate back-pay under a statute to the period in which it should have been paid (see Chapter 3 for more information on reporting these amounts).

[ ] TYs Prior to 1991: Report corrections to Social Security (full-FICA) wages, tips or taxes in items 3, 4 and 7 respectively.

[ ] TYs Later Than 1990: Report corrections to Medicare wages and tips and Medicare tax withheld in line items 5 and 6 respectively.

[ ] MQGE: If you previously reported MQGE wages/tips and tax withheld (wages subject only to the 1.45% Medicare tax):

- o Report corrections to Medicare wages and tips and Medicare tax withheld in line items 5 and 6 respectively, regardless of the TY pertaining to the correction.
- o Report total Medicare wages and tips paid to an employee whenever you are correcting Social Security wages and/or Social Security tips for TYs later than 1990.

[ ] You can only correct W-2P data using paper Forms W-2c and W-3c.

Submitting Correction Reports

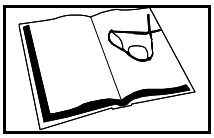
[ ] Ensure that a Form W-3c accompanies each W-2c submission (unless you are only correcting employee names and/or SSNs).

[ ] If you prepare your W-2cs on magnetic media and submit them to SSA, do not submit the paper version of this same information to SSA.

[ ] Do not send Copy A of Form W-2c to SSA if you are only correcting state or local wage and tax information.

[ ] Send paper Forms W-2c and W-3c that correct Form W-2P data to IRS; all other Copy A of Forms W-2c and W-3c should be sent to SSA.

CHAPTER 3
STANDARDS, SPECIFICATIONS AND EDITS



Introduction

This chapter provides standards, specifications and edits for preparing Copy A of paper Forms W-2c and W-3c for SSA. These criteria which follow are segregated to address two audiences - namely (1) employer human resource departments and (2) software developers who write software used to produce the physical paper wage and tax statement forms.

The standards for human resource departments outline the employer and employee wage and tax data which employers should compile in preparing Copy A of paper Forms W-2c and W-3c. These standards are comprised of guidelines which identify what data to compile, describe what the data should represent and specify certain data characteristics which may identify suspect or incorrect data. Employers should adopt these guidelines as part of their organizational procedures to help ensure the accuracy of payroll data used in wage and tax statement reporting and minimize common reporting problems. The specifications and edits constitute guidelines for software developers who write programs which produce the physical W-2c and W-3c paper forms. These guidelines prescribe which data to print in each Form W-2c/W-3c item (or box), data entry content requirements, data entry formats and edits which may identify suspect or incorrect entries. Software developers should incorporate these specifications and edits in their wage and tax statement software for paper forms to help ensure accurate annual wage reporting.

Changes in Criteria from Preceding Years

ALL REPORTERS:

- Form W-2P: Effective with TY 1991 reports, Form 1099-R replaced Form W-2P. Employers should file Form 1099-R with the IRS. SSA no longer accepts for processing any W-2P reports or W-2c reports which correct W-2P reports. Form W-2c copy A information that corrects W-2P reports should be sent to IRS.

- Reporting Corrections: If you filed more than one Form W-2 for an employee under the same EIN, there are two ways you can prepare a correction:

1. You can file a correction report which corrects a SINGLE Form W-2 or W-2c previously filed, OR

2. You can reflect the wage totals of ALL the Forms W-2 that were submitted under the same 9-digit EIN for the same employee SSN, TY and type of employment.

NOTE: If you have issued multiple Forms W-2 to an employee and you are issuing a Form W-2c to correct a single Form W-2, it is particularly important to accurately report the "previously reported amount" in column A for Social Security and Medicare wages and tips. In these instances incorrect column A amounts will result in an incorrect employee earnings record.

o Reporting Back-pay Under a Statute: Back-pay under a statute is a payment by an employer pursuant to an award, determination, or agreement approved or sanctioned by a court or administrative agency charged with enforcing a Federal or State statute protecting an employee's right to employment or wages. IRS and SSA treat back-pay under a statute differently. For tax purposes, IRS considers back-pay under a statute as wages for the year in which the back-pay award is paid. In contrast, for earnings record maintenance purposes, SSA treats statutory back-pay as wages paid in the periods in which they should have been paid.

  Employers should report statutory back-pay award amounts as wages for the year received by the employee on Forms W-2 and W-3. If an employer did not include back-pay amounts on Forms W-2/W-3 for the year received, the employer should prepare and issue all copies of Forms W-2c/W-3c to report those additional wages for the year received by the employee. For SSA's earnings record maintenance purposes, when the year in which the back-pay is paid differs from the year in which the wages should have been paid, employers should also prepare a separate report (not a W-2c report) for SSA to reallocate the back-pay to the TY the wages should have been paid. Employers can obtain the back-pay reallocation reporting requirements from the nearest Social Security office. Using a personal computer and a modem, employers can also obtain back-pay reallocation reporting instructions from the SSA-BBS by dialing (410) 965-1133.

STATE, LOCAL OR FEDERAL REPORTERS:

o State, local and Federal government employers should follow the instructions below when correcting just Social Security wages and/or tips when MQGE wages were also paid to the employee during the TY.

TAX YEAR(S) PRIOR TO 1991

1. Corrections for full-FICA wages, tips or taxes:

   Reflect these in the boxes for Social Security tax withheld, Social Security wages, and Social Security tips ONLY.

2. Corrections for MQGE wages:

   Reflect these changes in the boxes for Medicare wages and tips, and Medicare tax withheld.

TAX YEAR(S) 1991 AND LATER

1. Corrections to JUST Social Security wages and/or tips:

   MQGE Wages are NOT paid

   If you need to correct just Social Security wages and or tips, enter just this information in the boxes for Social Security Wages and/or Social Security tips.

   MQGE Wages are also paid

   If a State, local or Federal government employer needs to correct JUST Social Security wages and/or Social Security tips, for an employee who was also paid MQGE wages, the employer MUST complete the Medicare wages and tips box and indicate the TOTAL Medicare wages, for the same TY, including MQGE wages even if no change is needed to the total original Medicare/MQGE wages previously reported. In many correction situations, this will enable employers to prepare just one Form W-2c/W-3c.

2. Corrections to JUST Medicare Wages:

   If you are correcting just Medicare wages, enter just the Medicare wage information in the Medicare wages and tips box. You need not show any Social Security wages/tips if these wages were correct on the previously filed report(s).

Standards, Specifications and Edits for Forms W-2c and W-3c

The standards, specifications and edits which follow are designated as either required or optional. Items designated as required on Copy A of Forms W-2c and W-3c constitute data required to be submitted to SSA for either (1) use by SSA for programmatic purposes and/or

(2) accumulation and transmission to IRS for tax processing and enforcement purposes. Items designated as optional constitute other data not required to be submitted to SSA on Copy A but which may be required for tax reporting purposes on other copies of Forms W-2c.

PLEASE NOTE: The principle instructions for preparing paper Forms W-2c and W-3c are published by the IRS. See Appendix B.

PART 1: PAPER FORM W-2C

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
a.	R	Year/Form Corrected.	This box requires a two part entry; a. Part one must represent the last two digits of the tax year to which the W-2c pertains. TYs earlier than 1978 are invalid. b. Part two must identify the form corrected as appropriate: W-2, W-2P, W-2AS, W-2CM, W-2GU, or W-2VI.	Part one: a. Must be two position numeric. b. Can contain only one two-digit tax year indicator. c. Must be greater than 77 but not greater than the last 2 digits of the current tax year. Part two: a. Must contain one of the following entries: W-2, W-2P, W-2AS, W-2CM, W-2GU, or W-2VI. b. Cannot contain W-2P entry if tax year is greater than 1990.
	R if applicable	Void	The data required is an "X" when an error has been made to one of the forms W-2c.	Must be either blank or an "X".
b.	R	Employee's Name Address and ZIP Code.	a. The data prepared for entry should be the same employee name and address as originally printed on the Form W-2 (if correct) or the corrected name and address. b. Data should include an "X" to be entered in the "Corrected" box if a correction is being	a. Name should be entered in order of: First, Middle Initial and Last. b. Address and ZIP Code are Free Form. c. "Corrected" box must be either blank or contain an "X".

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS

made to these data.

c. Ensure that name order is consistent within each employer's report or submission. Expected order is: First, Middle Initial and Last name (e.g., Brian A Jones).

d. Care should be taken when providing compound surnames and names of various ethnic backgrounds. Additionally, it is desirable to link compound surnames with hyphens. For example, the Hispanic names:

(1) Maria Rodriguez-de-Perez properly displays a first name (Maria), no middle initial, and a compound surname (Rodriguez-de-Perez);

(2) Maria Elena Rodriguez-de-Perez properly displays a first name (Maria) a middle initial of E (for the middle name Elena) and a compound surname (Rodriguez-de-Perez).

(3) Diego Garcia-y-Vega

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			properly displays a first name (Diego), no middle name, and a compound surname of (Garcia-y-Vega). e. The data should exclude titles in prefixes and/or suffixes.	
c.	R	Employer's Name Address and ZIP Code.	a. The data prepared for entry should be the same employer name and address as originally printed on the W-2 form (if correct) or the corrected name and address. b. Data should include an "X" to be entered in the "Corrected" box if a correction is being made to these data.	a. Free Form. b. "Corrected" box must be either blank or contain an "X".
d.	R	Employee's Correct SSN.	Designate the employee's SSN, in an 11 position format; 9 numerics with hyphens in positions 4 and 7 (e.g., 000-00-0000). The following are impossible SSN's; all ones (111-11-1111) or all threes (333-33-3333) or any SSN having 000, or 729 through 999 as the first three left-most digits. NOTE: A list, showing the first 3	a. Must be 11 positions. b. Hyphens only in positions 4 and 7. c. Numerics in all other positions. d. Cannot be all zeros, all ones or all threes. e. The first three positions for any SSN cannot be 000 or 729 through 999.

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			digits of all SSNs assigned is available on the SSA or IRS electronic BBS via personal computer and modem. You can access the SSA-BBS by dialing (410) 965-1133, or the IRS-BBS by dialing (304) 264-7070.	
e.	R for certain State or local Government Employers only.	Employer's SSA number.	a. Designate the last seven positions of the 9-position, numeric employer SSA number, (the first two positions "69" are preprinted on the form). b. Where applicable, the entry should contain the following suffixes at the end of the 7 printed digits: (1) Coverage Group (CG) number: A single digit that identifies a State or local covered entity regarding specified proprietary and governmental functions. This single digit must appear as a suffix to the employer SSA number described above (e.g.,	a. Must be 7, 8, 10 or 11 positions numeric or, 7, 8, 10, or 11 positions numeric followed by an "L". b. Cannot contain an entry when the 2-digit tax year entry printed in the item entitled "Year/Form Being Corrected" is greater than "86".

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS

06701232).

(2) Payroll Record Unit (PRU) number: A 3-digit number used to identify a State/local Section 218 covered entity. The PRU number must appear as a suffix to either the employer SSA number (e.g., 0670123014) or the CG indicator (e.g., 06701232014).

(3) Limitation of Liability Indicator (LLI): A single character "L" code to denote a State/local Section 218 covered entity that may limit its Social Security withholding for each employee's combined income from the State. The "L" code must always appear as a suffix. For example:

- o 0670123L indicates LLI.
- o 06701232L indicates CG and LLI.

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			o 0670123014L indicates PRU and LLI. o 06701232014L indicates CG, PRU and LLI.	
f.	R	Employer's Federal EIN.	a. Designate the **correct** EIN. b. Entry should be shown as 10 positions, nine numerics with one hyphen in position 3 (e.g., 00-0000000). c. The first two left-most positions cannot be 00, 07, 08, 09, 10, 17, 18, 19, 20, 26, 27, 28, 29, 30, 40, 49, 50, 60, 69, 70, 78, 79, 80, 89, 90.	a. Must be 10 positions. b. Hyphen only in position 3. c. Positions 1, 2 and 4 through 10 must be numeric. d. The first two left-most positions cannot be: 00, 07, 08, 09, 10, 17, 18, 19, 20, 26, 27, 28, 29, 30, 40, 49, 50, 60, 69, 70, 78, 79, 80, 89, 90.
g.	O	Employer's State I.D. Number.	Not required by SSA.	Not required by SSA.
h.	R if applicable	Previously Reported.	Complete only if correcting previously reported incorrect data. Designate the appropriate boxes as they were previously (incorrectly) entered on the form W-2 for; (1) Statutory Employee. (2) Deceased. (3) Pension Plan. (4) Legal Representative. (5) Deferred Compensation.	Must contain an "X" or blank.

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			(6) IRA/SEP.	
i.	R if applicable	Corrected	Complete only when making a correction to previously reported data. Designate the appropriate item i box(es) (listed in item h above) to reflect corrections or additions to previously reported W-2 data. Any box checked in error on the original Form W-2 should be left blank.	Must contain an "X" or blank.
j.	O	Employer's Use.	Not Required by SSA.	Not Required by SSA.
k.	R-If Applicable	Employee's Incorrect SSN.	a. Complete only if correcting a previously reported incorrect employee SSN; otherwise leave blank. b. Designate the employee SSN exactly as previously shown on the Form W-2.	Cannot match the entry in item d.
l.	R-If Applicable	Employee's Name (As Incorrectly Shown on Previous Form).	a. Complete only if correcting previously reported incorrect employee name; otherwise leave blank. b. Designate the incorrect employee name exactly as previously reported on the W-2 form.	Cannot match the employee's name in the item entitled "Employee's name, address and ZIP code".

PART 1: PAPER FORM W-2C

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
1	R-If Applicable	Wages, Tips, other Compensation.	Complete only if correcting previously reported incorrect wages, tips or other compensation; otherwise leave blank. a. Data for column A should be either: 1. The total incorrect amount previously reported on all Forms W-2 issued for an individual for the same EIN, tax year, and type of employment, or 2. The incorrect amount previously reported on a single W-2 or, 3. An erroneous amount previously reported in column B on a form W-2c report. b. Data for column B should be the correct amount, corresponding to the entry in column A. The entry should be either: 1. The total correct amount of all Forms W-2 for an individual under the same EIN, tax year, and type of	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Amounts in column C may be in parentheses, if negative. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount. d. Column C must equal column B minus column A. e. When the amount entered in column A is greater than the amount in column B, the amount in column C, (i.e., a decrease) must be shown in parentheses.

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			employment, or 2. The correct amount for a single W-2 or, 3. The correct amount for an erroneous amount previously reported in column B on a form W-2c report. c. Data for column C should be derived by subtracting the total incorrect amount previously reported (column A) from the total correct amount (column B). Show any negative amount in column C in parentheses. d. Designate the digit "0" if any of the money amounts in columns A or B should be zero.	
2	R-If Applicable	Federal Income Tax Withheld.	Complete only if correcting previously reported incorrect Federal income tax withheld; otherwise leave blank. a. Data for column A should be either: 1. The total incorrect	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Amounts in column C may be in parentheses, if negative. b. Decimal point must be shown even when the entry is even

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS

amount previously reported on all W-2 forms issued for an individual for the same EIN, tax year, and type of employment or

2. The incorrect amount previously reported on a single W-2 or,
3. An erroneous amount previously reported in column B on a form W-2c report.

b. Data for column B should be the correct amount, corresponding to the entry in column A. The entry should be either:

1. The total correct amount of all W-2 forms for an individual under the same EIN, tax year, and type of employment, or
2. The correct amount for a single W-2 or
3. The correct amount for an erroneous amount previously reported in column B on a form W-

dollars.

c. Column B cannot be a negative amount.
d. Column C must equal column B minus column A.
e. When the amount entered in column A is greater than the amount in column B, the amount in column C, (i.e., a decrease) must be shown in parentheses.

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			2c report. c. Data for column C should be derived by subtracting the total incorrect amount previously reported (column A) from the total correct amount (column B). Show any negative amount in column C in parentheses. d. Designate the digit "0" if any of the money amounts in columns A or B should be zero.	
3	R-If Applicable	Social Security Wages.	Complete only if correcting previously reported incorrect Social Security wages; otherwise leave blank. a. Data for column A should be either: 1. The total incorrect amount previously reported on all W-2 forms issued for an individual for the same EIN, tax year, and type of employment, or 2. The incorrect amount previously reported on a	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Amounts in column C may be in parentheses, if negative. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount. d. Column C must equal column B minus Column A. e. When the amount entered in column A is greater than the amount in column B, the

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			single W-2 or 3. An erroneous amount previously reported in column B on a form W-2c report. b. Data for column B should be the correct amount, corresponding to the entry in column A. The entry should be either: 1. The total correct amount of all W-2 forms for an individual under the same EIN, tax year, and type of employment, or 2. The correct amount for a single W-2 or, 3. The correct amount for an erroneous amount previously reported in column B on a form W-2c report. 4. The entry in column B cannot be greater than the maximum Social Security taxable wage base for the year being corrected. c. Designate the digit "0" in column B when the type of	amount in column C, (i.e., a decrease) must be shown in parentheses. f. When the type of employment is either MQGE or RRTA the entry in column B cannot be greater than zero.

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			employment is either MQGE or RRTA. d. Data for column C should be derived by subtracting the total incorrect amount previously reported (column A) from the total correct amount (column B). Show any negative amount in column C in parentheses. e. Designate the digit "0" if any of the money amounts in columns A or B should be zero.	
4	R-If Applicable	Social Security Tax Withheld.	Complete only if correcting previously reported incorrect Social Security tax withheld; otherwise leave blank. a. Data for column A should be either: 1. The total incorrect amount previously reported on all W-2 forms issued for an individual for the same EIN, tax year, and type of employment, or 2. The incorrect amount	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Amounts in column C may be in parentheses, if negative. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount. d. Column C must equal column B minus Column A. e. When the amount entered in column A is greater than the

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			previously reported on a single W-2 or 3. An erroneous amount previously reported in column B on a form W-2c report. b. Data for column B should be the correct amount, corresponding to the entry in column A. The entry should be either: 1. The total correct amount of all W-2 forms for an individual under the same EIN, tax year, and type of employment, or 2. The correct amount for a single W-2 or, 3. The correct amount for an erroneous amount previously reported in column B on a formW-2c report. The data for column B cannot be less than the product of (1) the Social Security tax rate in effect for the year being corrected and (2) the corresponding correct amount	amount in column B, the amount in column C, (i.e., a decrease) must be shown in parentheses. f. When the type of employment is either MQGE or RRTA, the entry in column B cannot be greater than zero.

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			of Social Security wages and Social Security tips combined. c. Data for column C should be derived by subtracting the total incorrect amount previously reported (column A) from the total correct amount (column B). Show any negative amount in column C in parentheses. d. Designate the digit "0" in column B when the type of employment is either MQGE or RRTA. e. Designate the digit "0" if any of the money amounts in columns A or B should be zero.	
5	R-If Applicable	Medicare Wages and Tips.	Complete when correcting previously reported incorrect Medicare wages and tips or when the criteria in 5f (below) is met; otherwise leave blank. a. Data for column A should be either: 1. The total incorrect amount previously reported on all W-2 forms	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Amounts in columns C may be in parentheses, if negative. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount.

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS

issued for an individual for the same EIN, tax year, and type of employment, or

2. The incorrect amount previously reported on a single W-2 or,
3. An erroneous amount previously reported in column B on a formW-2c report.

b. Data for column B should be the correct amount, corresponding to the entry in column A. The entry should be either:

1. The total correct amount of all W-2 forms for an individual under the same EIN, tax year, and type of employment, or
2. The correct amount for a single W-2 or,
3. The correct amount for an erroneous amount previously reported in column B on a form W-2c report.

c. Data for column C should be

d. Column C must equal column B minus Column A.

e. When the amount entered in column A is greater than the amount in column B, the amount in column C, (i.e., a decrease) must be shown in parentheses.

f. The entry in column B cannot be greater than the maximum Medicare taxable wage base for the year being corrected.

g. The entry in column B cannot be greater than zero when the type of employment involved is RRTA.

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			derived by subtracting the total incorrect amount previously reported (column A) from the total correct amount (column B). Show any negative amount in column C in parentheses. d. Data for column B should be a zero when the type of employment is RRTA. e. Designate the digit "0" if any of the money amounts in columns A or B should be zero. f. If (1) the 2-digit TY in item a. is greater than 90 and (2) entries exist in line items 3 and/or 7 and (3) the employee received MQGE wages during the TY being corrected, entries must exist in line item 5, Columns A, B and C. Columns A and B must reflect the total Medicare wages paid to the employee during the TY.	
6	R-If Applicable	Medicare Tax Withheld.	Complete only if correcting previously reported incorrect	a. Must be dollars and cents, (numerics and decimal point

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			Medicare tax withheld; otherwise leave blank. a. Data for column A should be either: 1. The total incorrect amount previously reported on all W-2 forms issued for an individual for the same EIN, tax year, and type of employment, or 2. The incorrect amount previously reported on a single W-2 or, 3. An erroneous amount previously reported in column B on a form W-2c report. b. Data for column B should be the correct amount, corresponding to the entry in column A. The entry should be either: 1. The total correct amount of all W-2 forms for an individual under the same EIN, tax year, and type of employment, or 2. The correct amount for a	only), blank or zero. Amounts in columns C may be in parentheses. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount. d. Column C must equal column B minus Column A. e. When the amount entered in column A is greater than the amount in column B, the amount in column C, (i.e., a decrease) must be shown in parentheses. f. Column B cannot be greater than zero when the type of employment is RRTA.

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS

single W-2 or,

3. The correct amount for an erroneous amount previously reported in column B on a form W-2c report.

The data for column B cannot be less than the product of (1) the Medicare tax rate in effect for the year being corrected and (2) the correct amount of Medicare wages and tips combined for the year being corrected.

c. Data for column C should be derived by subtracting the total incorrect amount previously reported (column A) from the total correct amount (column B). Show any negative amount in column C in parentheses.

d. Data for column B should be zero when the type of employment is RRTA.

e. Designate the digit "0" if any of the money amounts in columns A or B should be zero.

PART 1: PAPER FORM W-2C

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
7	R-If Applicable	Social Security Tips.	Complete only if correcting previously reported incorrect Social Security tips; otherwise leave blank. a. Data for column A should be either: 1. The total incorrect amount previously reported on all W-2 forms issued for an individual for the same EIN, tax year, and type of employment, or 2. The incorrect amount previously reported on a single W-2 or, 3. An erroneous amount previously reported in column B on a form W-2c report. b. Data for column B should be the correct amount, corresponding to the entry in column A. The entry should be either: 1. The total correct amount of all W-2 forms for an individual under the same EIN, tax year, and type of employment, or	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Amounts in columns C may be in parentheses. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount. d. Column C must equal column B minus Column A. e. When the amount entered in column A is greater than the amount in column B, the amount in column C, (i.e., a decrease) must be shown in parentheses. f. If the type of employment is MQGE or RRTA the entry in column B cannot be greater than zero.

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS

2. The correct amount for a single W-2 or,
3. The correct amount for an erroneous amount previously reported in column B on a form W-2c report.

The data for column B must be the lesser of the following two amounts:
(1) the correct amount of Social Security tips or (2) the correct amount of Social Security wages subtracted from the maximum Social Security taxable wage base for the year being corrected.

c. Data for column C should be derived by subtracting the total incorrect amount previously reported (column A) from the total correct amount (column B). Show any negative amount in column C in parentheses.

d. Data for column B should be a zero when the type of employment is MQGE or RRTA.

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			e. Designate the digit "0" if any of the money amounts in columns A or B should be zero.	
8	R-If Applicable	Allocated Tips.	Complete only if correcting previously reported incorrect allocated tips; otherwise leave blank. a. Data for column A should be either: 1. The total incorrect amount previously reported on all W-2 forms issued for an individual for the same EIN, tax year, and type of employment, or 2. The incorrect amount previously reported on a single W-2 or, 3. An erroneous amount previously reported in column B on a form W-2c report. b. Data for column B should be the correct amount, corresponding to the entry in column A. The entry should be either:	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Amounts in columns C may be in parentheses. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount. d. Column C must equal column B minus Column A. e. When the amount entered in column A is greater than the amount in column B, the amount in column C, (i.e., a decrease) must be shown in parentheses.

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS

1. The total correct amount of all W-2 forms for an individual under the same EIN, tax year, and type of employment, or
2. The correct amount for a single W-2 or,
3. The correct amount for an erroneous amount previously reported in column B on a formW-2c report.

c. Data for column C should be derived by subtracting the total incorrect amount previously reported (column A) from the total correct amount (column B). Show any negative amount in column C in parentheses.

d. Designate the digit "0" if any of the money amounts in columns A or B should be zero.

PART 1: PAPER FORM W-2C

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
	R-If Applicable	Blank Boxes.	Complete these lines only if correcting one of the following; otherwise leave blank: (1) Advanced earned income credit. (2) Deferred compensation (including nonqualified plan and section 457 distributions). (3) Dependent care benefits. (4) Cost of group-term life insurance coverage over $50,000. (5) Gross annuity and taxable annuity. (6) Distribution codes shown on Form W-2P for years before 1991. a. Identify correction type and label as such for the item column. b. For correcting distribution codes, data for column A should be the previously reported (incorrect) code and data for column B should be the correct code. c. For money amount entries, the	Can be a one position distribution code, a money amount, a zero or blank. If the entry is a one position distribution code; a. It must be; 1, 2, 3, 4, 7, 8, 9, P, B, D, S, N, T or W. b. Column C must be blank. c. W-2P distribution codes cannot be entered when the 2 digit TY in item a is greater than 90. If the entry is a money amount, the following rules apply; a. Must be dollars and cents, (numerics and decimal point only), or zero. Amounts in column C may be in parentheses. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount. d. Column C must equal column B minus Column A. e. When the amount entered in

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			data for column A should be either: 1. The total incorrect amount previously reported on all W-2 forms issued for an individual for the same EIN, tax year, and type of employment, or 2. The incorrect amount previously reported on a single W-2 or, 3. An erroneous amount previously reported in column B on a form W-2c report. d. For money amount entries, data for column B should be the correct amount, corresponding to the entry in column A. The entry should be either: 1. The total correct amount of all W-2 forms for an individual under the same EIN, tax year, and type of employment, or 2. The correct amount for a single W-2 or,	column A is greater than the amount in column B, the amount in column C, (i.e., a decrease) must be shown in parentheses. f. When the 2 digit TY in item a is greater than 90, there cannot be a money amount entry for gross and taxable annuity data.

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			3. The correct amount for an erroneous amount previously reported in column B on a form W-2c report. e. For money amount entries, data for column C should be derived by subtracting the total incorrect amount previously reported (column A) from the total correct amount (column B). Show any negative amount in column C in parentheses. f. Designate the digit "0" if any of the money amounts in columns A or B should be zero.	

NOTE: Paper Forms W-2c correcting W-2P data should be forwarded to IRS-**NOT SSA**. Please contact IRS for copies of its instructions and additional guidance (see appendix B); do not contact SSA.

17-21	O	State or Local Income Tax Information.	Not Required by SSA.	Not Required by SSA.

PART 1: PAPER FORM W-2C

W-2C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS

PART 2: PAPER FORM W-3C

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
a.	R	Year Being Corrected.	Enter the last two digits of the tax year to which the Form W-3c pertains.	Entry must be 2 position numeric, (1) not greater than the current TY and (2) not less than "78".
b.	R	Employer's Name Address and ZIP Code.	Data should be the same name as the employer name shown on the W-2c forms. If a correction is being made to the name and/or address previously reported, data should be prepared to enter an "X" in the "corrected" check box.	Free-form.
c.	R	Number of Forms W-2c.	The entry for this box is the number of W-2cs being summarized, or a zero if a correction is being made to a previously filed Form W-3.	Must be numeric.
d.	O	Establishment Number.	Employers may use this item to identify separate establishments within the business. Data should be created as a 4-position entry. a. Data can be either alpha or numeric (SSA prefers numeric entries only). b. Data for employers having unit designations with less than 4 positions should be right justified with leading	Must be either; a. Four positions, (alpha or numeric) or b. Blank.

PART 2: PAPER FORM W-3C

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			zeros.	
e.	R	Employer's Federal EIN.	a. Data should consist of the EIN used in processing of W-2c forms (should be the same EIN used in W-2c item f). b. Data should consist of 10 positions, all numerics and one hyphen in position 3 (e.g., 00-0000000). c. The first two left-most positions cannot be 00, 07, 08, 09, 10, 17, 18, 19, 20, 26, 27, 28, 29, 30, 40, 49, 50, 60, 69, 70, 78, 79, 80, 89, 90.	a. Must be 10 positions. b. Hyphen only in position 3. c. Positions 1, 2 and 4 through 10 must be numeric. d. The first two left-most positions cannot be: 00, 07, 08, 09, 10, 17, 18, 19, 20, 26, 27, 28, 29, 30, 40, 49, 50, 60, 69, 70, 78, 79, 80, 89, 90. e. Cannot match the entry in item number i.
f.	R	Kind of Payer.	Enter an "X" in the appropriate Box. Generate separate W-3cs for each payer type and mark only one Box on each W-3c form.	a. Only one box can be marked. b. When the Box "Medicare Gov't Emp." is marked; (1) Item "a" cannot be less than "83" if the employer is a Federal entity, and, (2) Item "a" cannot be less than "86" if the employer is a state or local entity.

PART 2: PAPER FORM W-3C

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
				c. When the "Sec. 218" Box is marked, (1) the item a entry cannot be greater than "86", and (2) Box h must also contain an entry.
NOTE: See IRS Instructions contained on the W-3c form (Your Copy) and Form W-2c for more information on Form W-3c, Box f. requirements. Please contact IRS for copies of its instructions and additional guidance (see appendix B); **do not** contact SSA.				
g.	O	Employer's State I.D. Number.	Not Required by SSA.	Not required by SSA.
h.	R-For State or local government employers only.	Employer's SSA Number.	Required for certain state or local government employers only for tax years prior to 1987. If the section 218 box has been checked in item number f, data to complete the number assigned by SSA should be prepared as follows: a. Enter the last seven positions of the 9-position, numeric employer SSA number, (the first two positions "69" are preprinted on the form). b. Where applicable, provide	a. Must be 7, 8, 10 or 11 positions numeric or, 7, 8, 10, or 11 positions numeric followed by an "L". b. Cannot contain an entry when the 2-digit tax year entry printed in item a is greater than "86". c. This entry cannot match the entry in item k.

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			the following suffixes at the end of the 7 digits: (1) Coverage Group (CG) number: A single digit that identifies a State or local covered entity regarding specified proprietary and governmental functions. This single digit must appear as a suffix to the employer SSA number described above (e.g., 0670123<u>2</u>). (2) Payroll Record Unit (PRU) number: A 3-digit number used to identify a State/local Section 218 covered entity. The PRU number must appear as a suffix to either the employer SSA number (e.g., 0670123<u>014</u>) or the CG indicator (e.g., 06701232<u>014</u>). (3) Limitation of Liability Indicator (LLI): A	

PART 2: PAPER FORM W-3C

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			single character "L" code to denote a State/local Section 218 covered entity that may limit its Social Security withholding for each employee's combined income from the State. The "L" code must always appear as a suffix to the Box 2 entry. For example: o 0670123L indicates LLI. o 06701232L indicates CG and LLI. o 0670123014L indicates PRU and LLI. o 06701232014L indicates CG, PRU and LLI.	
i.	R-If Applicable	Employer's Incorrect Federal EIN.	a. Provide data only if correcting a previously reported incorrect employer EIN; otherwise leave blank. b. Insert the incorrect employer EIN exactly as previously	a. Cannot match the EIN in item e. b. If item i contains an entry, item e must contain an entry.

PART 2: PAPER FORM W-3C

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			reported.	
j.	R-If Applicable	Incorrect Establishment Number.	Provide data only if correcting a previously reported incorrect employer establishment number, otherwise leave blank. Enter the incorrect employer establishment number exactly as previously reported on the W-3 form.	a. Cannot match the number in item d. b. If item j contains an entry, item d must contain an entry.
k.	R-For certain State or local Government Employers only.	Employer's Incorrect SSA Number.	Provide data only if correcting previously reported incorrect employer SSA number, otherwise leave blank. Enter incorrect employer SSA number exactly as previously reported on the W-3 form.	a. Cannot match the entry in item h. b. If item k contains an entry, item h must contain an entry.
1	R-If Applicable	Wages, Tips and Other Compensation.	Provide data only if summarizing W-2cs with previously reported incorrect wages, tips and other compensation; otherwise leave blank. a. Separately add the amounts in each form W-2c column and place calculated total amounts in the corresponding W-3c columns A, B and C. b. In column C, show any negative amount in	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Dollars and cents in columns A and C may be in parentheses, if negative. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount.

PART 2: PAPER FORM W-3C

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			parentheses. c. Data must be dollars and cents, (numerics and decimal point only), or zero. d. Do not enter negative amounts in column B. e. Enter the digit "0" if any of the money amounts in columns A, B or C should be zero.	d. Column C must equal column B minus column A. e. When the amount entered in column A or C is a negative amount (decrease) it must be shown in parentheses. f. Must contain a zero if any of the money amounts in columns A, B or C should be zero.
2	R-If Applicable	Federal Income Tax Withheld.	Provide data only if summarizing W-2cs with previously reported incorrect Federal income tax withheld; otherwise leave blank. a. Separately add the amounts in each form W-2c column and place calculated total amounts in the corresponding W-3c columns A, B and C. b. In column C, show any negative amount in parentheses. c. Data must be dollars and cents, (numerics and decimal	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Dollars and cents in columns A and C may be in parentheses, if negative. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount. d. Column C must equal column B minus column A. e. When the amount entered in

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			point only), or a zero. d. Do not enter negative amounts in column B. e. Enter the digit "0" if any of the money amounts in columns A, B or C should be zero.	column A or C is a negative amount (decrease) it must be shown in parentheses. f. Must contain a zero if any of the money amounts in columns A, B or C should be zero.
3	R-If Applicable	Social Security Wages.	Provide data only if summarizing W-2cs with previously reported incorrect Social Security wages; otherwise leave blank. a. Separately add the amounts in each form W-2c column and place calculated total amounts in the corresponding W-3c columns A, B and C. b. In column C, show any negative amount in parentheses. c. Data must be dollars and cents, (numerics and decimal point only), or zero. d. Do not enter negative amounts in column B. e. Enter the digit "0" if any of the money amounts in	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Dollars and cents in columns A and C may be in parentheses, if negative. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount. d. Column C must equal column B minus column A. e. When the amount entered in column A or C is a negative amount (decrease) it must be shown in parentheses. f. Must contain a zero if any of the money amounts in

PART 2: PAPER FORM W-3C

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			columns A, B or C should be zero.	columns A, B or C should be zero. g. Column B cannot contain an entry greater than zero when either the "Medicare Gov't Emp." or "CT-1" Box is marked with an "X" indicator.
4	R-If Applicable	Social Security Tax Withheld.	Provide data only if summarizing W-2cs with previously reported incorrect Social Security tax withheld; otherwise leave blank. a. Separately add the amounts in each form W-2c column and place calculated total amounts in the corresponding W-3c columns A, B and C. b. In column C, show any negative amount in parentheses. c. Data must be dollars and cents, (numerics and decimal point only), or zero. d. Do not enter negative amounts in column B. e. Enter the digit "0" if any of the money amounts in columns A, B or C should	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Dollars and cents in columns A and C may be in parentheses, iff negative. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount. d. Column C must equal column B minus column A. e. When the amount entered in column A or C is a negative amount (decrease) it must be shown in parentheses. f. Must contain a zero if any of the money amounts in columns A, B or C should be zero.

PART 2: PAPER FORM W-3C

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			be zero.	g. Column B cannot contain an entry greater than zero when either the "Medicare Gov't Emp." or "CT-1" Box is marked with an "X" indicator.
5	R-If Applicable	Medicare Wages and Tips.	Provide data to summarize W-2cs with Medicare wages and tips; otherwise leave blank. a. Separately add the amounts in each form W-2c column and place calculated total amounts in the corresponding W-3c columns A, B and C. b. In column C, show any negative amount in parentheses. c. Data must be dollars and cents, (numerics and decimal point only), or zero. d. Do not enter negative amounts in column B. e. Enter the digit "0" if any of the money amounts in columns A, B or C should be zero.	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Dollars and cents in columns A and C may be in parentheses, if negative. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount. d. Column C must equal column B minus column A. e. When the amount entered in column A or C is a negative amount (decrease) it must be shown in parentheses. f. Must contain a zero if any of the money amounts in columns A, B or C should be zero. g. Column B cannot contain an

PART 2: PAPER FORM W-3C

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
				entry greater than zero when the "CT-1" Box is marked with an "X" indicator.
6	R-If Applicable	Medicare Tax Withheld.	Provide data only if summarizing W-2cs with previously reported incorrect Medicare tax withheld; otherwise leave blank. a. Separately add the amounts in each form W-2c column and place calculated total amounts in the corresponding W-3c columns A, B and C. b. In column C, show any negative amount in parentheses. c. Data must be dollars and cents, (numerics and decimal point only), or zero. d. Do not enter negative amounts in column B. e. Enter the digit "0" if any of the amounts in columns A, B or C should be zero.	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Dollars and cents in columns A and C may be in parentheses, if negative. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount. d. Column C must equal column B minus column A. e. When the amount entered in column A or C is a negative amount (decrease) it must be shown in parentheses. f. Must contain a zero if any of the money amounts in columns A, B or C should be zero. g. Column B cannot contain a money amount greater than zero when the "CT-1" Box is marked with an "X" indicator.

PART 2: PAPER FORM W-3C

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
7	R-If Applicable	Social Security Tips.	Provide data only if summarizing W-2cs with previously reported incorrect Social Security tips; otherwise leave blank. a. Separately add the amounts in each form W-2c column and place calculated total amounts in the corresponding W-3c columns A, B and C. b. In column C, show any negative amount in parentheses. c. Data must be dollars and cents, (numerics and decimal point only), or zero. d. Do not enter negative amounts in column B. e. Enter the digit "0" if any of the money amounts in columns A, B or C should be zero.	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Dollars and cents in columns A and C may be in parentheses, if negative. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount. d. Column C must equal column B minus column A. e. When the amount entered in column A or C is a negative amount (decrease) it must be shown in parentheses. f. Must contain a zero if any of the money amounts in columns A, B or C should be zero.

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
				g. Column B cannot contain an entry greater than zero when either the "Medicare Gov't Emp." or "CT-1" Box is marked with an "X" indicator.
8	R-If Applicable	Allocated Tips.	Provide data only if summarizing W-2cs with previously reported incorrect allocated tips; otherwise leave blank. a. Separately add the amounts in each form W-2c column and place calculated total amounts in the corresponding W-3c columns A, B and C. b. In column C, show any negative amount in parentheses. c. Data must be dollars and cents, (numerics and decimal point only), or zero. d. Do not enter negative amounts in column B. e. Enter the digit "0" if any of the money amounts in columns A, B or C should be zero.	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Dollars and cents in columns A and C may be in parentheses, if negative. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount. d. Column C must equal column B minus column A. e. When the amount entered in column A or C is a negative amount (decrease) it must be shown in parentheses. f. Must contain a zero if any of the money amounts in columns A, B or C should be zero.

PART 2: PAPER FORM W-3C

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
	R-If Applicable	a, b, c	Provide data only if summarizing W-2cs with previously reported incorrect items related to one of the following, otherwise leave blank: (1) Advanced earned income credit. (2) Deferred compensation (including nonqualified plan and section 457 distributions). (3) Dependent care benefits. (4) Cost of group-term life insurance coverage over $50,000. (5) Gross annuity and taxable annuity. a. Identify the correction type to be summarized and label as such in the W-3c item column. b. For each correction type indicated in the accompanying W-2c item column, separately add the money amounts in each W-2c form money column and place calculated total	a. Must be dollars and cents, (numerics and decimal point only), blank or zero. Dollars and cents in columns A and C may be in parentheses, if negative. b. Decimal point must be shown even when the entry is even dollars. c. Column B cannot be a negative amount. d. Column C must equal column B minus column A. e. When the amount entered in column A or C is a negative amount (decrease) it must be shown in parentheses. f. Must contain a zero if any of the money amounts in columns A, B or C should be zero. g. When the 2 digit item a entry is greater than "90", W-3c entries cannot exist for money amounts representing gross and taxable annuity data.

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			amounts in the corresponding W-3c columns A, B and C. c. In column C, show any negative amount in parentheses. d. Must be shown as dollars and cents, (numerics and decimal point only), or zero. d. Do not enter negative amounts in column B. e. Print the digit "0" if any of the money amounts in columns A, B or C should be zero.	

PLEASE NOTE: Paper Forms W-3c correcting W-2P data should be forwarded to IRS-**NOT SSA**. Please contact IRS for copies of its instructions and additional guidance (see appendix B); **do not** contact SSA.

17-21	O	State or Local Income Tax Information.	Not required by SSA.	Not Required by SSA.
22	R-If Applicable	Explain Decreases.	a. Identify negative money amounts appearing in parentheses for column C. b. Either:	Free-form.

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			(1) Prompt user to complete this block explaining decreases in wages or taxable amounts reported when negative money amounts (i.e., entries in parentheses) exist in column C, or (2) Automatically generate a narrative explanation for each negative money amount in column C. c. Either: (1) Prompt preparer to indicate "YES" or "NO" as to whether an employment tax return adjustment was filed and, if "YES", the date the return was filed, or (2) Automatically place an "X" indicator precisely in the appropriate Box indicating "YES" or "NO" as to whether an employment tax return adjustment was filed	

PART 2: PAPER FORM W-3C

W-3C ITEM	REQUIRED-R OPTIONAL-O	NAME/ DESCRIPTION	STANDARDS FOR HUMAN RESOURCE DEPARTMENTS	SPECIFICATIONS AND EDITS FOR SOFTWARE DEVELOPERS
			and, if "YES", automatically enter the date the return was filed.	

Where to File

SSA now processes all Forms W-2c and W-3c at the following addresses:

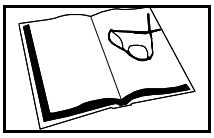
United States Postal Service

Social Security Administration
Data Operations Center
P. O. Box 3333
Wilkes-Barre, PA 18767-3333

Other Carriers (e.g. Fed Ex., UPS)

Social Security Administration
Data Operations Center
1150 E. Mountain Drive
Wilkes-Barre, PA 18767

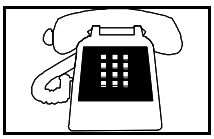
CHAPTER 4
REPORTING EXAMPLES FOR PREPARING PAPER FORMS W-2c, W-3c and 941c



Introduction

The purpose of this chapter is to provide examples of properly prepared paper correction reports to help employers understand and comply with the guidelines in this document. The correction reports (Forms W-2c, W-3c and 941c) are used to correct errors on reports previously filed. Submitting properly prepared correction reports is important because it helps protect the public's investment in the Social Security trust funds, including entitlement to benefits upon retirement, disability or death, and the Medicare program. It can also help prevent wage reconciliation discrepancies between SSA and IRS records. Included are examples of properly prepared correction reports along with incorrect W-2 reports. The reporting examples illustrated in this chapter cover:

- Form W-2c, Statement of Corrected Income and Tax Amounts;
- Form W-3c, Transmittal of Corrected Income and Tax Statement; and
- Form 941c, Supporting Statement to Correct Information.



Inquiries

Questions concerning the examples and information in this chapter should be directed to your respective regional magnetic media coordinator listed in Appendix A (page 46). However, tax questions or questions on tax law and regulations (including Form 941c) must be addressed to the IRS Information Reporting Call Site at telephone number 1-304-263-8700. Suggestions for improving this chapter should be directed in writing to the address in Chapter 1 (page 2).

Background

When you inform IRS of correction(s) to previously reported data on Form 941c you must also determine whether similar reports (Forms W-3c and W-2c) should be submitted to SSA as well. A study performed by SSA revealed that, of 941c forms received by the IRS:

- Less than half of the employers who had 941c corrections submitted corresponding

correction reports to SSA.

- There was no original wage report filed with SSA for 1 percent of the 941cs filed with IRS.

The effects of the above conditions can result in incorrect Social Security benefit payments or loss of benefits for Social Security claimants.

Case Scenario

Cabot Cove completed distributing W-2 forms to employees and submitting annual wage reports to SSA by January 31, 1997. Cabot Cove also submitted the final (fourth quarter) 941 return to IRS before the due date. On February 14, 1997 Cabot Cove reviewed the previous year payroll register and the employer's copies of Form W-2 against the employee master file and discovered errors which affected the TY 1996 Forms W-2, W-3 and 941. After verifying the errors and confirming that all adjustments related to the Form W-2 have been identified, Cabot Cove prepared the necessary correction reports.

The Forms W-2c, W-3c and 941c prepared by Cabot Cove are correct because they meet the following criteria:

Adjusted/Corrected Payroll Register versus Form 941c

- Sections III and IV, Line Item 5 (column b and c) and Line Item 7 of Form 941c balances to the corresponding corrected payroll register summary data (Exhibits 1-1 through 1-4) for each of the following:

  a. Taxable Social Security wages and taxable Social Security tips; and
  b. Taxable Medicare wages and tips.

- Cabot Cove clearly explained the 941c adjustments in Part V of the Form 941c.

Form 941c versus Form W-3c

- The employer's EIN is valid and the name is correct on each type of form; both are reported consistently.

- The net adjustments (increases or decreases) from the Form W-3 balance to net adjustments in sections III and IV of the Form 941c for the following:

  a. Social Security wages and tips; and
  b. Medicare wages and tips.

- Regarding the Form W-3c, Cabot Cove properly corrected erroneously reported Federal income tax withheld in item 2 and explained all net decreases in Box 22.

Form W-3c versus Forms W-2c

- Each Form W-3c identifies the proper type of employment in Box f for the accompanying Forms W-2c.

- The sum of all wages and tax withheld in column (a) on the Forms W-2c balance to the aggregate corresponding wages and tax withheld in column (a) on the Form W-3c.

- The sum of all wages and tax withheld in column (b) on the Forms W-2c balance to the aggregate corresponding wages and tax withheld in column (b) on the Form W-3c.

- The sum of all adjustments in column (c) on the Forms W-2c balance to the aggregate corresponding adjustments in column (c) on the Form W-3c.

- Regarding the Forms W-2c:

  a. All corrected:

     - SSNs are valid;
     - Employee names are properly printed (i.e., first, middle initial, last) and are consistent with the names printed on their Social Security cards.
     - EINs are valid and both the EIN and employer address are consistently reported on each form; and
     - Money amount boxes are properly prepared in that they do not contain alpha entries, negative amounts or special characters (except for column c), or punctuation.

  b. Cabot Cove accurately reported the previously reported amounts to be changed in column A.

  c. Cabot Cove reported <u>total</u> Medicare wages and tips paid when correcting Social Security wages for employees who also received MQGE wages.

The following scenarios illustrate correction reporting for the Cabot Cove School District for TY 1996 reports. The scenarios consist of Forms W-2c, W-3c and 941c together with the incorrect Forms W-2. For each case, the properly prepared Form W-2c follows the incorrectly prepared and submitted Form W-2 and the description of the W-2 errors. The case scenario also illustrates the properly prepared Forms W-3c and 941c.

A. The following W-2 for Elizabeth Lee Strosnider is incorrect.

a Control number	22222	Void ☐	For Official Use Only OMB No. 1545-0008		
b Employer's identification number 55-5678910			1 Wages, tips, other compensation 45229.00	2 Federal income tax withheld 9045.80	
c Employer's name, address, and ZIP code CABOT COVE SCHOOLS 123 EDUCATION WAY BALTIMORE, MD 21201			3 Social security wages 45229.00	4 Social security tax withheld 2804.20	
			5 Medicare wages and tips 45229.00	6 Medicare tax withheld 655.82	
			7 Social security tips	8 Allocated tips	
d Employee's social security number 555-67-8910			9 Advance EIC payment	10 Dependent care benefits	
e Employee's name (first, middle initial, last) BETTY L STROSNIDER			11 Nonqualified plans	12 Benefits included in Box 1	
567 ELM RD. BALTIMORE, MD 21201			13 See instrs for Box 13	14 Other	
f Employee's address and ZIP code			15 Statutory employee ☐ Deceased ☐ Pension plan ☐ Legal rep ☐ Hshld. emp. ☐ Subtotal ☐ Deferred compensation ☐		
16 State	Employer's state ID No	17 State wages tips etc	18 State income tax	19 Locality name	20 Local wages tips etc	21 Local income tax

Cat. No. 10134D Department of the Treasury-Internal Revenue Service

Wage and Tax
W-2 Statement **1996**

For Paperwork Reduction Act Notice, see separate instructions.

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FORM W-2: The W-2 above is incorrect because the preparer recorded the EIN in box d, "Employee's Social Security number" and used the employee's nickname in box e, "Employee's name" instead of the proper first name. The name used in box e should be same as the name shown on the Social Security card.

FORMS 941: The W-2 errors described above had no impact on Cabot Cove's TY 1996 Forms 941.

The following W-2c facsimile illustrates the proper way to prepare the W-2c. It corrects the W-2 shown on the previous page.

a Year/Form corrected 19 96/ **W-2**	Void ☐	OMB No. 1545-0008	For Official Use Only

b Employee's name, address, and Zip code Elizabeth L Strosnider 567 Elm Rd Baltimore, MD 21201	☒ Corrected	c Employer's name, address, and Zip code CABOT COVE SCHOOLS 123 EDUCATION WAY BALTIMORE, MD 21201	☐ Corrected
d Employee's correct SSN 699-01-0101	e Employer's SSA number **69-**	f Employer's Federal EIN **55: 5678910**	g Employer's state I.D. number

h Previously reported	Stat emp	De-ceased	Pension plan	Legal rep	Def'd comp.	IRA/SEP	i Corrected	Stat emp	De-ceased	Pension plan	Legal rep	Def'd comp.	IRA/SEP	j Employer's use
	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	

Complete k and/or L only if Incorrect on the last form you filed. Show incorrect item here	k Employee's incorrect SSN 555-67-8910	L Employee's name (as incorrectly shown on previous form) BETTY L STROSNIDER

	Form W-2 box	(a) As previously reported	(b) Correct information	(c) Increase (decrease)
	1 Wages, tips, other comp.			
	2 Federal income tax withheld			
	3 Social security wages			
	4 Social security tax withheld			
	5 Medicare wages and tips			
C	6 Medicare tax withheld			
H	7 Social security tips			
A	8 Allocated tips			
N				
G				
E				
S	17 State wages, tips, etc.			
	18 State income tax			
	20 Local wages, tips, etc.			
	21 Local income tax			

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See back of Copy D for instructions and the Paperwork Reduction Act Notice. Department of the Treasury

Form **W-2c** (Rev. 10-94) **Statement of Corrected Income and Tax Amounts** Internal Revenue Service

The above W-2c is prepared to correct the employee's name and SSN. The preparer entered the employee's correct name in box b, "Employee's name, address, and Zip codes" with an "X" in the "corrected" box. The incorrect employee's name was entered in box L. To correct the employee's SSN, the preparer completed boxes d and k.

FORM 941C: This Form W-2c did not prompt any Form 941c corrections.

B. Diego Garcia-y-Vega is an employee subject to full-FICA. Tips subject to the Social Security and Medicare tax equalled $4035.00. Th following W-2 for Diego Garcia-y-Vega is incorrect.

a Control number	**22222**	Void ☐	For Official Use Only OMB No. 1545-0008
b Employer's identification number 55-5678910		1 Wages, tips, other compensation 35550.00	2 Federal income tax withheld 7110.00
c Employer's name, address, and ZIP code CABOT COVE SCHOOLS 123 EDUCATION WAY BALTIMORE, MD 21201		3 Social security wages 31515.00	4 Social security tax withheld 2719.58
		5 Medicare wages and tips 35550.00	6 Medicare tax withheld
		7 Social security tips 4035.00	8 Allocated tips
d Employee's social security number 234-56-7890		9 Advance EIC payment	10 Dependent care benefits
e Employee's name (first, middle initial, last) DIEGO GARCIA-y-VEGA 432 SMITH AVE. BALTIMORE, MD 21201		11 Nonqualified plans	12 Benefits included in Box 1
		13 See instrs. for Box 13	14 Other
f Employee's address and ZIP code		15 Statutory employee ☐ Deceased ☐ Pension plan ☐ Legal rep ☐ Hshld. emp. ☐ Subtotal ☐ Deferred compensation ☐	

16 State	Employer's state ID No	17 State wages tips etc	18 State income tax	19 Locality name	20 Local wages tips etc	21 Local income tax

Cat. No. 10134D

Department of the Treasury-Internal Revenue Service

Wage and Tax
W-2 Statement 1996

Copy A For Social Security Administration

For Paperwork Reduction Act Notice, see separate instructions.

Form W-2: The W-2 above is incorrect because the preparer neglected to calculate the Medicare tax liability and failed to apply the correct tax rate to Social Security wages and tips (by applying the combined Social Security/Medicare tax rate of 7.65 percent to the total Social Security wages instead of the correct Social Security rate of 6.2 percent).

FORMS 941: The W-2 errors described above were also reflected on each of Cabot Cove's quarterly Forms 941.

The following W-2c facsimile illustrates the proper way to prepare the W-2c. It corrects the W-2 shown on the previous page.

a Year/Form corrected 19 96/ **W-2**	Void ☐	OMB No. 1545-0008	For Official Use Only

b Employee's name, address, and Zip code ☐ Corrected	c Employer's name, address, and Zip code ☐ Corrected
DIEGO GARCIA-y-VEGA 432 SMITH AVE BALTIMORE, MD 21201	CABOT COVE SCHOOLS 123 EDUCATION WAY BALTIMORE, MD 21201

d Employee's correct SSN	e Employer's SSA number	f Employer's Federal EIN	g Employer's state I.D. number
234-56-7890	**69-**	**55 : 5678910**	

h Previously reported	Stat emp	De-ceased	Pension plan	Legal rep	Def'd comp.	IRA/SEP	i Corrected	Stat emp	De-ceased	Pension plan	Legal rep	Def'd comp.	IRA/SEP	j Employer's use
	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	

Complete k and/or L only if Incorrect on the last form you filed. Show incorrect item here	k Employee's incorrect SSN	L Employee's name (as incorrectly shown on previous form)

	Form W-2 box	(a) As previously reported	(b) Correct information	(c) Increase (decrease)
	1 Wages, tips, other comp.			
	2 Federal income tax withheld			
	3 Social security wages			
	4 Social security tax withheld	2719.58	2204.10	(515.48)
	5 Medicare wages and tips			
C	6 Medicare tax withheld	0	515.48	515.48
H	7 Social security tips			
A	8 Allocated tips			
N				
G				
E				
S	17 State wages, tips, etc.			
	18 State income tax			
	20 Local wages, tips, etc.			
	21 Local income tax			

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Form **W-2c** (Rev. 10-94) **Statement of Corrected Income and Tax Amounts** Internal Revenue Service

The Social Security tax and Medicare tax are calculated as follows and entered in items 4 and 6 respectively:

Social Security tax withheld: ($31,515.00 + $4,035.00) x 6.2% = $2204.10
Medicare tax withheld: $35,550.00 x 1.45% = $515.48

FORM 941C: This Form W-2c prompted a Form 941c Social Security tax adjustment decrease of $1030.96 and Medicare tax adjustment increase of $1030.96 (combined employee and employer contributions).

C. Mr. Alfredo Giuseppe Richardo Marano was reported on two Forms W-2--one W-2 for MQGE for $30,000 and a separate Form W-2 for full FICA for $24,000.

Form W-2 for wages from January 1, 1996 to June 30, 1996.

a Control number	22222	Void ☐	For Official Use Only OMB No. 1545-0008
b Employer's identification number 55-5678910		1 Wages, tips, other compensation 30000.00	2 Federal income tax withheld 6000.00
c Employer's name, address, and ZIP code CABOT COVE SCHOOLS 123 EDUCATION WAY BALTIMORE, MD 21201		3 Social security wages	4 Social security tax withheld
		5 Medicare wages and tips 30000.00	6 Medicare tax withheld 435.00
		7 Social security tips	8 Allocated tips
d Employee's social security number 345-67-8901		9 Advance EIC payment	10 Dependent care benefits
e Employee's name (first, middle initial, last) ALFREDO R MARANO		11 Nonqualified plans	12 Benefits included in Box 1
		13 See instrs for Box 13	14 Other
123 MAPLE ST. BALTIMORE, MD 21201 f Employee's address and ZIP code		15 Statutory employee ☐ Deceased ☐ Pension plan ☐ Legal rep ☐ Hshld. emp. ☐ Subtotal ☐ Deferred compensation ☐	

16 State	Employer's state ID No	17 State wages tips etc	18 State income tax	19 Locality name	20 Local wages tips etc	21 Local income tax

Cat. No. 10134D Department of the Treasury-Internal Revenue Service

Wage and Tax
W-2 Statement **1996**

For Paperwork Reduction Act Notice, see separate instructions.

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Form W-2 for wages from July 1, 1996 to December 31, 1996

a Control number	22222	Void ☐	For Official Use Only OMB No. 1545-0008
b Employer's identification number 55-5678910		1 Wages, tips, other compensation 24000.00	2 Federal income tax withheld 4800.00
c Employer's name, address, and ZIP code CABOT COVE SCHOOLS 123 EDUCATION WAY BALTIMORE, MD 21201		3 Social security wages 24000.00	4 Social security tax withheld 1488.00
		5 Medicare wages and tips 24000.00	6 Medicare tax withheld 348.00
		7 Social security tips	8 Allocated tips
d Employee's social security number 345-67-8901		9 Advance EIC payment	10 Dependent care benefits
e Employee's name (first, middle initial, last) ALFREDO R MARANO		11 Nonqualified plans	12 Benefits included in Box 1
		13 See instrs for Box 13	14 Other
123 MAPLE ST. BALTIMORE, MD 21201 f Employee's address and ZIP code		15 Statutory employee ☐ Deceased ☐ Pension plan ☐ Legal rep ☐ Hshld. emp. ☐ Subtotal ☐ Deferred compensation ☐	

16 State	Employer's state ID No	17 State wages tips etc	18 State income tax	19 Locality name	20 Local wages tips etc	21 Local income tax

Cat. No. 10134D Department of the Treasury-Internal Revenue Service

Wage and Tax
W-2 Statement **1996**

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FORM W-2: Cabot Cove incorrectly categorized Mr. Marano's wages as subject to full-FICA for the period July 1 to the end of the year and inappropriately withheld Social Security tax. Mr. Marano should have been reported only on one Form W-2 as MQGE for the entire year.

FORMS 941: The W-2 errors described above were also reflected on Cabot Cove's 3rd and 4th quarter Forms 941.

The following W-2c facsimile illustrates the proper way to prepare the W-2c. It corrects the W-2 for wages subject to full-FICA shown on the previous page. Cabot Cove prepared one Form W-2c reflecting the total wages previously reported.

a Year/Form corrected 19 96/ **W-2**	Void ☐	OMB No. 1545-0008	For Official Use Only

b Employee's name, address, and Zip code ☐ Corrected ALFREDO R MARANO 123 MAPLE ST BALTIMORE, MD 21201	c Employer's name, address, and Zip code ☐ Corrected

d Employee's correct SSN 345-67-8901	e Employer's SSA number **69-**	f Employer's Federal EIN **55 : 5678910**	g Employer's state I.D. number

h Previously reported	Stat emp	De-ceased	Pension plan	Legal rep	Def'd comp.	IRA/SEP	i Corrected	Stat emp	De-ceased	Pension plan	Legal rep	Def'd comp.	IRA/SEP	j Employer's use
	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	

Complete k and/or L only if Incorrect on the last form you filed. Show incorrect item here	k Employee's incorrect SSN	L Employee's name (as incorrectly shown on previous form)	
Form W-2 box	(a) As previously reported	(b) Correct information	(c) Increase (decrease)
1 Wages, tips, other comp.			
2 Federal income tax withheld			
3 Social security wages	24000.00	0	(24000.00)
4 Social security tax withheld	1488.00	0	(1488.00)
5 Medicare wages and tips	54000.00	54000.00	0
CHANGES 6 Medicare tax withheld			
7 Social security tips			
8 Allocated tips			
17 State wages, tips, etc.			
18 State income tax			
20 Local wages, tips, etc.			
21 Local income tax			

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See back of Copy D for instructions and the Paperwork Reduction Act Notice. Department of the Treasury

Form **W-2c** (Rev. 10-94) **Statement of Corrected Income and Tax Amounts** Internal Revenue Service

Cabot Cove prepared the above W-2c to delete the Social Security wages and tax (item 3 and 4) reported on the Form W-2 for wages subject to full-FICA. **Please Note:** State, local and Federal Government employers are required to complete item 5 (Medicare wages and tips) when they are correcting just Social Security wages and/or Social Security tips for an employee who earned MQGE wages during the year. Item 5 must reflect the TOTAL Medicare wages/tips paid for the tax year (TY). Therefore, because Mr. Marano earned MQGE wages during TY 1996, Cabot Cove is required to complete item 5, reflecting TOTAL Medicare wages, even though no Medicare wage/tip alterations are necessary.

FORM 941C: This Form W-2c prompted Form 941c adjustment decreases of $24,000 to Social Security wages and $2,976 to Social Security taxes (combined employee and employer contributions). Cabot Cove was also required to complete Part I (Signature and Certification), because Cabot Cove repaid the incorrectly withheld taxes to Mr. Marano.

D. John R. McNamara's work became covered for full-FICA effective July 1, 1996--instead of MQGE coverage earlier in the year. He was reported as MQGE for the entire year although he should have been reported as full-FICA for the period July 1 to the end of the year.

a Control number	22222	Void ☐	For Official Use Only OMB No. 1545-0008
b Employer's identification number 55-5678910		1 Wages, tips, other compensation 60500.00	2 Federal income tax withheld 12100.00
c Employer's name, address, and ZIP code CABOT COVE SCHOOLS 123 EDUCATION WAY BALTIMORE, MD 21201		3 Social security wages	4 Social security tax withheld
		5 Medicare wages and tips 60500.00	6 Medicare tax withheld 877.25
		7 Social security tips	8 Allocated tips
d Employee's social security number 023-45-6789		9 Advance EIC payment	10 Dependent care benefits
e Employee's name (first, middle initial, last) JOHN R McNAMARA 800 CLARK RD SEVERN, MD 21144		11 Nonqualified plans	12 Benefits included in Box 1
		13 See instrs for Box 13	14 Other
f Employee's address and ZIP code		15 Statutory employee ☐ Deceased ☐ Pension plan ☐ Legal rep ☐ Hshld. emp. ☐ Subtotal ☐ Deferred compensation ☐	

16 State	Employer's state ID No	17 State wages tips etc	18 State income tax	19 Locality name	20 Local wages tips etc	21 Local income tax

Cat. No. 10134D

Department of the Treasury-Internal Revenue Service

W-2 Wage and Tax Statement 1996

For Paperwork Reduction Act Notice, see separate instructions.

Copy A For Social Security Administration

FORM W-2: The W-2 above is incorrect because Cabot Cove failed to report the Social Security wages of $27,000 and withhold Social Security taxes of $1674 for the period July 1, 1996 to the end of the year. Upon recognizing this error, Cabot Cove collected the Social Security taxes from Mr. McNamara and prepared the Form W-2c illustrated on the next page.

FORMS 941: The W-2 errors described above were also reflected on Cabot Cove's 3rd and 4th quarter Forms 941.

The following W-2c facsimile illustrates the proper way to prepare the W-2c. It corrects the W-2 shown on the previous page.

a Year/Form corrected 19 96/ **W-2**	Void ☐	OMB No. 1545-0008	For Official Use Only

b Employee's name, address, and Zip code ☐ Corrected	c Employer's name, address, and Zip code ☐ Corrected
JOHN R McNAMARA 800 CLARK RD SEVERN, MD 21144	CABOT COVE SCHOOLS 123 EDUCATION WAY BALTIMORE, MD 21201

d Employee's correct SSN	e Employer's SSA number	f Employer's Federal EIN	g Employer's state I.D. number
023-45-6789	**69-**	**55 : 5678910**	

h Previously reported	Stat emp	De-ceased	Pension plan	Legal rep	Def'd comp.	IRA/SEP	i Corrected	Stat emp	De-ceased	Pension plan	Legal rep	Def'd comp.	IRA/SEP	j Employer's use
	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	

Complete k and/or L only if Incorrect on the last form you filed. Show incorrect item here	k Employee's incorrect SSN	L Employee's name (as incorrectly shown on previous form)

	Form W-2 box	(a) As previously reported	(b) Correct information	(c) Increase(decrease)
	1 Wages, tips, other comp.			
	2 Federal income tax withheld			
	3 Social security wages	0	27000.00	27000.00
	4 Social security tax withheld	0	1674.00	1674.00
	5 Medicare wages and tips	60500.00	60500.00	0
C	6 Medicare tax withheld			
H	7 Social security tips			
A	8 Allocated tips			
N				
G				
E				
S	17 State wages, tips, etc.			
	18 State income tax			
	20 Local wages, tips, etc.			
	21 Local income tax			

Copy A For Social Security Administration

See back of Copy D for instructions and the Paperwork Reduction Act Notice. Department of the Treasury

Form **W-2c** (Rev. 10-94) **Statement of Corrected Income and Tax Amounts** Internal Revenue Service

Cabot Cove prepared the above W-2c to report the Social Security wages and tax (items 3 and 4). **Please Note:** State, local and Federal Government employers are required to completed item 5 (Medicare wages and tips) when they are correcting just Social Security wages and/or Social Security tips for an employee who earned MQGE wages during the year. Item 5 must reflect the TOTAL Medicare wages and tips paid for the TY. Therefore, because Mr. McNamara earned MQGE wages during TY 1996, Cabot Cove is required to complete item 5 reflecting total Medicare wages, even though no Medicare wage and tip alterations are necessary.

FORM 941c: This Form W-2c prompted a Form 941c Social Security wage adjustment increase of $27,000 and Social Security tax adjustment increase of $3,348 (combined employee and employer contribution).

E. Samuel L. Johnson is a retired employee who is 58 years old on December 31.1996. He elected to continue his GTLI coverage through Cabot Cove. His insurance coverage is $125,000. The calculated benefit amount as taxable income related to GTLI over $50,000 is $675.

a Control number	22222	Void ☐	For Official Use Only OMB No. 1545-0008		
b Employer's identification number 55-5678910			1 Wages, tips, other compensation 675.00	2 Federal income tax withheld 135.00	
c Employer's name, address, and ZIP code CABOT COVE SCHOOLS 123 EDUCATION WAY BALTIMORE, MD 21201			3 Social security wages	4 Social security tax withheld	
			5 Medicare wages and tips	6 Medicare tax withheld	
			7 Social security tips	8 Allocated tips	
d Employee's social security number 543-21-0987			9 Advance EIC payment	10 Dependent care benefits	
e Employee's name (first, middle initial, last) SAMUEL L JOHNSON			11 Nonqualified plans	12 Benefits included in Box 1	
1122 CHERRY LANE RD. SEVERN, MD 21144			13 See instrs for Box 13	14 Other	
f Employee's address and ZIP code			15 Statutory employee ☐ Deceased ☐ Pension plan ☐ Legal rep ☐ Hshld. emp. ☐ Subtotal ☐ Deferred compensation ☐		

16 State Employer's state ID No	17 State wages tips etc	18 State income tax	19 Locality name	20 Local wages tips etc	21 Local income tax

Cat. No. 10134D

Department of the Treasury-Internal Revenue Service

Wage and Tax
W-2 Statement **1996**

For Paperwork Reduction Act Notice, see separate instructions.

Copy A For Social Security Administration

FORM W-2: The above W-2 for Samuel L. Johnson is incorrect. Cabot Cove failed to (1) report the GTLI as Social Security and Medicare wages and (2) disclose the GTLI (using "code C") and uncollected Social Security and Medicare taxes (using "codes M and N" respectively) in Box 13. In addition, while Cabot Cove did not withhold or pay Federal income tax on the box 1 amount, the preparer erroneously reported Federal income tax in Box 2.

FORMS 941: Except for the Federal income tax reporting error, the W-2 errors described above were also reflected on Cabot Cove's 4th quarter Form 941.

The following W-2c facsimile illustrates the proper way to prepare the W-2c. It corrects the W-2 shown on the previous page.

a Year/Form corrected 19 96/ **W-2**	Void ☐	OMB No. 1545-0008	For Official Use Only

b Employee's name, address, and Zip code ☐ Corrected	c Employer's name, address, and Zip code ☐ Corrected
SAMUEL L JOHNSON 1122 CHERRY LANE RD SEVERN, MD 21144	CABOT COVE SCHOOLS 123 EDUCATION WAY BALTIMORE, MD 21201

d Employee's correct SSN	e Employer's SSA number	f Employer's Federal EIN	g Employer's state I.D. number
543-21-0987	**69-**	**55 : 5678910**	

h Previously reported	Stat emp	De-ceased	Pension plan	Legal rep	Def'd comp.	IRA/SEP	i Corrected	Stat emp	De-ceased	Pension plan	Legal rep	Def'd comp.	IRA/SEP	j Employer's use
	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	

Complete k and/or L only if Incorrect on the last form you filed. Show incorrect item here	k Employee's incorrect SSN	L Employee's name (as incorrectly shown on previous form)

	Form W-2 box	(a) As previously reported	(b) Correct information	(c) Increase (decrease)
	1 Wages, tips, other comp.			
	2 Federal income tax withheld	135.00	0	(135.00)
	3 Social security wages	0	675.00	675.00
	4 Social security tax withheld			
	5 Medicare wages and tips	0	675.00	675.00
C	6 Medicare tax withheld			
H	7 Social security tips			
A	8 Allocated tips			
N	13a Cost of GTLI*	0	675.00	675.00
G	13b Uncollected Social Security tax	0	41.85	41.85
E	13c Uncollected Medicare tax	0	9.79	9.79
S	17 State wages, tips, etc.			
	18 State income tax			
	20 Local wages, tips, etc.			
	21 Local income tax			

See back of Copy D for instructions and the Paperwork Reduction Act Notice. Copy A For Social Security Administration
Form **W-2c** (Rev. 10-94) **Statement of Corrected Income and Tax Amounts** Department of the Treasury Internal Revenue Service

* Group-term Life Insurance

FORM 941C: This Form W-2c prompted Form 941c adjustment increases to (1) Social Security and Medicare wages ($675 each) and (2) the employer's share of Social Security and Medicare taxes ($41.85 and $9.79 respectively).

The following W-3c is prepared to accompany the Forms W-2c.

a Year/Form corrected **1996/W-3**	OMB No. 1545-0008	**For Official Use Only**	
b Employer's name, address, and ZIP code **CABOT COVE SCHOOL** **123 EDUCATION WAY** **BALTIMORE, MD 21201**	☐ Corrected	c Number of Forms W-2c **5** d Establishment number e Employer's Federal EIN **55-5678910**	
f Kind of payer: 941/941E [X] 942 [ ] 943 [ ] CT-1 [ ] Military [ ] Medicare govt. emp. [ ] Sec. 218 [ ]		g Employer's state I.D. number h Employer's SSA no. (see instructions) **69-**	
Complete i only if incorrect on the last form you filed. Show the incorrect item here.	i Employer's incorrect Federal EIN	j Incorrect establishment number	k Employer's incorrect SSA number

	Form W-2c box	(a) Total of amounts entered in column (a) on attached Forms W-2c	(b) Total of correct information reported on attached Forms W-2c	(c) Increase (decrease)
CHANGES	1 Wages, tips, and other compensation			
	2 Federal income tax withheld	**135.00**	**0**	**(135.00)**
	3 Social security wages	**24000.00**	**27675.00**	**3675.00**
	4 Social security tax withheld	**4207.58**	**3878.10**	**(329.48)**
	5 Medicare wages and tips	**114500.00**	**115175.00**	**675.00**
	6 Medicare tax withheld	**0**	**515.48**	**515.48**
	7 Social security tips			
	8 Allocated tips			
	13a Cost of GTLI	**0**	**675.00**	**675.00**
	13b Uncollected Social Security tax	**0**	**41.85**	**41.85**
	13c Uncollected Medicare tax	**0**	**9.79**	**9.79**
	17 State wages, tips, etc.			
	18 State income tax			
	20 Local wages, tips, etc.			
	21 Local income tax			

22 Explain decreases here
Item 2: Incorrectly reported Federal income tax withheld.
Item 4: Applied the incorrect tax rate for Social Security tax withheld ($515.48) and incorrectly categorized wages as subject to full-FICA ($1,488.00)

Has an adjustment been made on an employment tax return filed with the Internal Revenue Service? [X] Yes [ ] No

If "Yes," give date the return was filed **2/25/97**

Under penalities of perjury, I declare that I have examined this return, including accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature Title Date **2/25/97**

( )
Telephone number

Form **W-3c** (Rev. 10-94) **Transmittal of Corrected Income and Tax Statements** Department of the Treasury

For Paperwork Reduction Act Notice, see other side of this page. Cat. No. 10164R Internal Revenue Service

Form 941c
(Rev. January 1994)

Department of the Treasury
Internal Revenue Service

Supporting Statement To Correct Information

Do Not File Separately

Attach to the employment tax return on which adjustments are made.

OMB No. 1545-0256
Expires 2-28-97

Page No.

Name
CABOT COVE SCHOOL

Employer identification number
55-5678910

Telephone number
410-123-4567

A This form supports adjustments to:
[X] Form 941 [ ] Form 941-M [ ] Form 943
[ ] Form 941E [ ] Form 941-SS

B Enter the period covered by the return to which this form is attached ..... JAN 1, 1996 THRU DEC 31, 1996

C Enter the date you discovered the error(s) reported on this form (if you are making more than one correction they were not discovered at the same time, please explain in Part V. 2/16/97

Part I Signature and Certification (You MUST complete this part for IRS to process your adjustments for overpayments.)

I certify that Forms W-2c, Statement of Corrected Income and Tax Amounts, (as necessary) have been filed with the Social Security Administration, and that (check appropriate boxes):

[X] All overcollected income taxes for the current calendar year and all social security and Medicare taxes for the current and prior calendar years have been repaid to employees. For claims of overcollected employee social security and medicare taxes in eariler years, a written statement has been obtained from each employee stating that the employee has not claimed and will not claim refund or credit of the amount of the overcollection.

[ ] All affected employees have given their written consent to the allowance of this credit or refund. For claims of overcollected employee social security and Medicare taxes in earlier years, a written statement has been obtained from each employee stating that the employee has not claimed and will not claim refund or credit of the amount of the overcollection.

[ ] The social security tax and Medicare tax adjustments represent the employer's share only. An attempt was made to locate the employee(s) affected, but the affected employee(s) could not be located or will not comply with the certification requirements.

[ ] None of this refund or credit was withheld from employee wages.

Sign Here Signature *John Doe* Title Payroll Manager Date 2/25/97

Part II Income Tax/Backup Withholding Adjustment

	(a) Period Corrected (Quarterly returns enter date quarter ended. Annual returns enter year.)	(b) Withheld income tax Previously Reported for Period	(c) Correct Withheld Income Tax for Period	(d) Withheld Income Tax Adjustment
1				
2				
3				
4				
5	Net withheld income tax/backup withholding adjustment. If more than one page, enter total of all columns (d) on first page only. Enter here and on the appropriate line of the return with which this form is filed.....		5	

Part III Social Security Tax Adjustment (Use the tax rate in effect during the period(s) corrected. You must also complete Part IV for return periods beginning after 12/31/90.)

	(a) Period Corrected (Quarterly returns, enter date quarter ended. Annual returns, enter year.)	(b) Wages Previously Reported for Period	(c) Correct Taxable Wages for Period	(d) Tips Previously Reported for Period	(e) Correct Taxable Tips for Period	(f) Social Security Tax Adjustment
1	3/31/96	83269.63	83269.63			(257.72)
2	6/30/96	76333.03	76333.03			(257.72)
3	9/30/96	56359.83	57859.83			(71.72)
4	12/31/96	52621.51	54796.51			(29.89)
5	Totals. - If more than one page, enter totals on first page only .	268584.00	272259.00			(617.05)

6	Net social security tax adjustment. If more than one page, enter total of all columns (f) on first page only. Enter here and on the appropriate line of the return with which this form is filed.	6	(617.05)
7	Net wage adjustment. If more than one page, enter the total of ALL lines 7 on first page only. If 5(c) is smaller than 5(b), enter difference in parentheses	7	3675.00
8	Net tip adjustment. If more than one page, enter the total of ALL lines 8 on first page only. If 5(e) is smaller than 5(d), enter difference in parentheses	8	

Part IV Medicare Tax Adjustment (Only use this part for return periods beginning after 12/31/90. Government employers please see Exception in instructions on page 3.)

	(a) Period Corrected (Quarterly returns enter date quarter ended. Annual returns enter year.)	(b) Wages and Tips Previously Reported for Period	(c) Correct Taxable Wages and Tips for Period	(d) Medicare Tax Adjustment
1	3/31/96	115019.63	115019.63	257.74
2	6/30/96	113383.03	113383.03	257.74
3	9/30/96	103859.83	103859.83	257.74
4	12/31/96	100121.51	100796.51	267.53
5	Totals. - If more than one page, enter totals on first page only	431384.00	432059.00	1040.75
6	Net Medicare tax adjustment. If more than one page, enter total of All columns (d) on first page only. Enter here and on the appropriate line of the return with which this form is filed		.6 . .	1040.75
7	Net wage and tip adjustment. If more than one page, enter the totals for ALL pages. If 5(c) is smaller than 5(b), enter difference in parentheses		.7.	675.00

Part V Explanation of Adjustments

PART III, Line Item 5 (columns b and c) and Line Item 7: Adjustments reflect (1) a $24,000 decrease to remove wages incorrectly classified, (2) a $27,000 increase to add wages not classified as Social Security wages and (3) a $675 increase to report the cost of group-term life insurance (GTLI) for a retired employee.

PART III, Line Item 5 (column f) and Line Item 6: Adjustments reflect (1) a $1,030.96 decrease to remove employee and employer taxes incorrectly classified, (2) a $2,976.00 decrease to remove an incorrect employee Social Security tax withholding and matching employer contribution, (3) a $3,348 increase to add employee taxes withheld and the matching employer contribution and (4) a $41.85 increase to add the employer's share of tax on GTLI for a retired employee.

PART IV, Line Item 5 (columns b and c) and Line 7: Adjustments reflect a $675 increase to report the cost of GTLI for a retired employee.

PART IV: Line Item 5 (column d) and Line Item 6: Adjustments reflect (1) a $1,030.96 increase to add employee and employer taxes not classified an Medicare tax and (2) a $9.79 increase to add the employer's share of tax on GTLI for a retired employee.

Note 1: Form 941c should be filed with Form 941 and adjustments made on that form. Never file a Form 941c alone!

Note 2: Contact IRS for tax questions or copies of Form 941c instructions; do not contact SSA.

EXHIBIT 1-1

FIRST QUARTER EMPLOYEE PAYROLL DATA
CABOT COVE SCHOOL DISTRICT PAYROLL REGISTER

Employee's Name and SSN	Employment Type/Status	Regular Wages	Un-allocated Tips	Misc. Wages	Taxable Misc. Wages	FICA Misc. Wages	Total Taxable Wages	Fed. Income Tax Withheld	Social Security		Medicare	
									Wages & Tips	Tax Withheld	Wages & Tips	Tax Withheld
Elizabeth L. Strosnider 699-01-0101	FICA Active	11,307.25					11,307.25	2,261.45	11,307.25	701.05	11,307.25	163.96
Diego Garcia y Vega 234-56-7890	FICA Active	7,878.75	1,008.75				8,887.50	1,777.50	8,887.50	679.89	8,887.50	0.00
Alfredo G. R. Marano 345-67-8901	MQGE Active	15,000.00					15,000.00	3,000.00			15,000.00	217.50
Tae-Jin Kim 567-89-0123	FICA Active	34,000.00					34,000.00	6,800.00	34,000.00	2,108.00	34,000.00	493.00
Jose Schaeffer 456-78-9012	FICA Active	9,709.80					9,709.80	1,941.96	9,709.80	602.01	9,709.80	140.79
Lois G. Sheppard 678-90-1234	FICA Active	6,865.08					6,865.08	1,373.02	6,865.08	425.63	6,865.08	99.54
John R. McNamara 023-45-6789	MQGE Active	16,750.00					16,750.00	3,350.00			16,750.00	242.88
Mary V. Smith 701-23-4567	FICA-Exempt Active	14,000.00					14,000.00	2,800.00				
Thomas J. Mason 666-78-9012	FICA Active	12,500.00					12,500.00	2,500.00	12,500.00	775.00	12,500.00	181.25
Samuel L. Johnson 543-21-0987	FICA Retired											
Total	MQGE	31,750.00	0.00	0.00	0.00	0.00	31,750.00	6,350.00	0.00	0.00	31,750.00	460.38
	FICA-Exempt	14,000.00	0.00	0.00	0.00	0.00	14,000.00	2,800.00	0.00	0.00	0.00	0.00
	FICA	82,260.88	1,008.75	0.00	0.00	0.00	83,269.63	16,653.93	83,269.63	5,291.58	83,269.63	1,078.54
First Quarter Total		128,010.88	1,008.75	0.00	0.00	0.00	129,019.63	25,803.93	83,269.63	5,291.58	115,019.63	1,538.92
Adjustments										(128.86)		128.87
Net Adjustment							0.00	0.00	0.00	(128.86)	0.00	128.87
Corrected First Quarter Total							129,019.63	25,803.93	83,269.63	5,162.72	115,019.63	1,667.79
941c Adjustments										(257.72)		257.74

EXHIBIT 1-2

SECOND QUARTER EMPLOYEE PAYROLL DATA
CABOT COVE SCHOOL DISTRICT PAYROLL REGISTER

Employee's Name and SSN	Employment Type/Status	Regular Wages	Un-allocated Tips	Misc. Wages	Taxable Misc. Wages	FICA Misc. Wages	Total Taxable Wages	Fed. Income Tax Withheld	Social Security		Medicare	
									Wages & Tips	Tax Withheld	Wages & Tips	Tax Withheld
Elizabeth L. Strosnider 699-01-0101	FICA Active	11,307.25					11,307.25	2,261.45	11,307.25	701.05	11,307.25	163.96
Diego Garcia y Vega 234-56-7890	FICA Active	7,878.75	1,008.75				8,887.50	1,777.50	8,887.50	679.89	8,887.50	0.00
Alfredo G. R. Marano 345-67-8901	MQGE Active	15,000.00					15,000.00	3,000.00			15,000.00	217.50
Tae-Jin Kim 567-89-0123	FICA Active	34,000.00					34,000.00	6,800.00	28,700.00	1,779.40	34,000.00	493.00
Jose Schaeffer 456-78-9012	FICA Active-SK	6,473.20		2,666.67 SK PAY	1,600.00 *	1,600.00 *	8,073.20	1,614.64	8,073.20	500.54	8,073.20	117.06
Lois G. Sheppard 678-90-1234	FICA Active	6,865.08					6,865.08	1,373.02	6,865.08	425.63	6,865.08	99.54
John R. McNamara 023-45-6789	MQGE Active	16,750.00					16,750.00	3,350.00			16,750.00	242.88
Mary V. Smith 701-23-4567	FICA-Exempt Active	14,000.00					14,000.00	2,800.00				
Thomas J. Mason 666-78-9012	FICA Active	12,500.00					12,500.00	2,500.00	12,500.00	775.00	12,500.00	181.25
Samuel L. Johnson 543-21-0987	FICA Retired											
Total	MQGE	31,750.00	0.00	0.00	0.00	0.00	31,750.00	6,350.00	0.00	0.00	31,750.00	460.38
	FICA-Exempt	14,000.00	0.00	0.00	0.00	0.00	14,000.00	2,800.00	0.00	0.00	0.00	0.00
	FICA	79,024.28	1,008.75	2,666.67	1,600.00	1,600.00	81,633.03	16,326.61	76,333.03	4,861.51	81,633.03	1,054.81
Second Quarter Total		124,774.28	1,008.75	2,666.67	1,600.00	1,600.00	127,383.03	25,476.61	76,333.03	4,861.51	113,383.03	1,515.19
Adjustments										(128.86)		128.87
Net Adjustment							0.00	0.00	0.00	(128.86)	0.00	128.87
Corrected Second Quarter Total							127,383.03	25,476.61	76,333.03	4,732.65	113,383.03	1,644.06
941c Adjustments										(257.72)		257.74

* Employer's contribution rate to the sick pay plan for Jose Schaeffer is 60 percent. Cabot Cove assumed responsibility for reporting the sick pay wages.
Benefit payments Mr. Schaeffer received for the second quarter is $ 2,666.67.
Taxable portion of the sick payment : $ 2,666.67 X .6 = $ 1,600.00

EXHIBIT 1-3

THIRD QUARTER EMPLOYEE PAYROLL DATA
CABOT COVE SCHOOL DISTRICT PAYROLL REGISTER

Employee's Name and SSN	Employment Type/Status	Regular Wages	Un-allocated Tips	Misc. Wages	Taxable Misc. Wages	FICA Misc. Wages	Total Taxable Wages	Fed. Income Tax Withheld	Social Security		Medicare	
									Wages & Tips	Tax Withheld	Wages & Tips	Tax Withheld
Elizabeth L. Strosnider 699-01-0101	FICA Active	11,307.25					11,307.25	2,261.45	11,307.25	701.05	11,307.25	163.96
Diego Garcia y Vega 234-56-7890	FICA Active	7,878.75	1,008.75				8,887.50	1,777.50	8,887.50	679.89	8,887.50	0.00
Alfredo G. R. Marano 345-67-8901	MQGE Active	12,000.00					12,000.00	2,400.00	12,000.00	744.00	12,000.00	174.00
Tae-Jin Kim 567-89-0123	FICA Active	34,000.00					34,000.00	6,800.00	0.00	0.00	34,000.00	493.00
Jose Schaeffer 456-78-9012	FICA Active-SK			8,000.00 SK PAY	4,800.00 *	4,800.00 *	4,800.00	960.00	4,800.00	297.60	4,800.00	69.60
Lois G. Sheppard 678-90-1234	FICA Active	6,865.08					6,865.08	1,373.02	6,865.08	425.63	6,865.08	99.54
John R. McNamara 023-45-6789	FICA Active	13,500.00					13,500.00	2,700.00	0.00	0.00	13,500.00	195.75
Mary V. Smith 701-23-4567	FICA-Exempt Active	14,000.00					14,000.00	2,800.00				
Thomas J. Mason 666-78-9012	FICA Active	12,500.00					12,500.00	2,500.00	12,500.00	775.00	12,500.00	181.25
Samuel L. Johnson 543-21-0987	FICA Retired											
Total	MQGE	12,000.00	0.00	0.00	0.00	0.00	12,000.00	2,400.00	0.00	0.00	12,000.00	174.00
	FICA-Exempt	14,000.00	0.00	0.00	0.00	0.00	14,000.00	2,800.00	0.00	0.00	0.00	0.00
	FICA	86,051.08	1,008.75	8,000.00	4,800.00	4,800.00	91,859.83	18,371.97	56,359.83	3,623.18	91,859.83	1,203.10
Third Quarter Total		112,051.08	1,008.75	8,000.00	4,800.00	4,800.00	117,859.83	23,571.97	56,359.83	3,623.18	103,859.83	1,377.10
Adjustments									(12,000.00) 13,500.00	(744.00) (128.86) 837.00		128.87
Net Adjustment							0.00	0.00	1,500.00	(35.86)	0.00	128.87
Corrected Third Quarter Total							117,859.83	23,571.97	57,859.83	3,587.32	103,859.83	1,505.97
941c Adjustments									1,500.00	(71.72)		257.74

* Employer's contribution rate to the sick pay plan for Jose Schaeffer is 60 percent. Cabot Cove is responsible for reporting the sick pay wages.
Benefit payments Mr. Schaeffer received for the Third Quarter is $ 8,000.00.
Taxable portion of the sick payment : $ 8,000.00 X .6 = $ 4,800.00.

EXHIBIT 1-4

FOURTH QUARTER EMPLOYEE PAYROLL DATA
CABOT COVE SCHOOL DISTRICT PAYROLL REGISTER

Employee's Name and SSN	Employment Type/Status	Regular Wages	Un-allocated Tips	Misc. Wages	Taxable Misc. Wages	FICA Misc. Wages	Total Taxable Wages	Fed. Income Tax Withheld	Social Security		Medicare	
									Wages & Tips	Tax Withheld	Wages & Tips	Tax Withheld
Elizabeth L. Strosnider 699-01-0101	FICA Active	11,307.25					11,307.25	2,261.45	11,307.25	701.05	11,307.25	163.96
Diego Garcia y Vega 234-56-7890	FICA Active	7,878.75	1,008.75				8,887.50	1,777.50	8,887.50	679.89	8,887.50	0.00
Alfredo G. R. Marano 345-67-8901	MQGE Active	12,000.00					12,000.00	2,400.00	12,000.00	744.00	12,000.00	174.00
Tae-Jin Kim 567-89-0123	FICA Active	34,000.00					34,000.00	6,800.00	0.00	0.00	34,000.00	493.00
Jose Schaeffer 456-78-9012	FICA Active-SK			8,000.00 SK PAY-P1*	4,800.00	3,200.00 **	4,800.00	960.00	3,200.00	198.40	3,200.00	46.40
Lois G. Sheppard 678-90-1234	FICA Active-SK	4,576.76		2,000.00 SK PAY-P2			4,576.76	915.35	4,576.76	283.76	4,576.76	66.36
John R. McNamara 023-45-6789	FICA Active	13,500.00					13,500.00	2,700.00	0.00	0.00	13,500.00	195.75
Mary V. Smith 701-23-4567	FICA-Exempt Active	14,000.00					14,000.00	2,800.00				
Thomas J. Mason 666-78-9012	FICA Active	12,500.00		150.00 LIFE INS	150.00	150.00	12,650.00	2,500.00	12,650.00	784.30	12,650.00	183.43
Samuel L. Johnson 543-21-0987	FICA Retired			675.00 LIFE INS	675.00	0.00	675.00		0.00	0.00	0.00	0.00
Total	MQGE	12,000.00	0.00	0.00	0.00	0.00	12,000.00	2,400.00	0.00	0.00	12,000.00	174.00
	FICA-Exempt	14,000.00	0.00	0.00	0.00	0.00	14,000.00	2,800.00	0.00	0.00	0.00	0.00
	FICA	83,762.76	1,008.75	10,825.00	5,625.00	3,350.00	90,396.51	17,914.30	52,621.51	3,391.40	88,121.51	1,148.89
Fourth Quarter Total		109,762.76	1,008.75	10,825.00	5,625.00	3,350.00	116,396.51	23,114.30	52,621.51	3,391.40	100,121.51	1,322.89
Adjustments									(12,000.00) 13,500.00 675.00	(744.00) (128.86) 837.00	 675.00	 128.87
Net Adjustment							0.00	0.00	2,175.00	(35.86)	675.00	128.87
Corrected Fourth Quarter Total							116,396.51	23,114.30	54,796.51	3,355.54	100,796.51	1,451.76
941c Adjustments									2,175.00	(29.87)	675.00	267.53

SICK PAY-P1: Employer's contribution rate to the sick pay plan for Jose Schaeffer is 60 percent. Cabot Cove is responsible for reporting sick pay wages and the employer's portion of FICA.

Benefit payments Mr. Schaeffer received for the Fourth Quarter is $ 8,000.00.

* Taxable portion of the sick payment : $ 8,000.00 X .6 = $ 4,800.00.

** FICA taxable portion of the sick payment :{ $ 8,000.00 - (last month sick payment [$ 2,666.67])} X .6 = 3,200.00

SICK PAY-P2: Employer paid 100 percent of the premiums on the policy for Ms. Sheppard. ACME assumed responsibility for paying Cabot Cove's FICA taxes and reporting the sick pay wages.

NOTE: Group-term life insurance is subject to FICA tax withholding only.

EXHIBIT 2

PAYROLL REGISTER ANNUAL SUMMARY
CABOT COVE SCHOOL DISTRICT PAYROLL REGISTER

Employee's Name and SSN	Employment Type/Status	Regular Wages	Un-allocated Tips	Misc. Wages	Taxable Misc. Wages	FICA Misc. Wages	Total Taxable Wages	Fed. Income Tax Withheld	Social Security		Medicare	
									Wages & Tips	Tax Withheld	Wages & Tips	Tax Withheld
Elizabeth L. Strosnider 699-01-0101	FICA Active	45,229.00	0.00	0.00	0.00	0.00	45,229.00	9,045.80	45,229.00	2,804.20	45,229.00	655.82
Diego Garcia y Vega 234-56-7890	FICA Active	31,515.00	4,035.00	0.00	0.00	0.00	35,550.00	7,110.00	35,550.00	2,719.57	35,550.00	0.00
Alfredo G. R. Marano 345-67-8901	MQGE Active	54,000.00	0.00	0.00	0.00	0.00	54,000.00	10,800.00	24,000.00	1,488.00	54,000.00	783.00
Tae-Jin Kim 567-89-0123	FICA Active	136,000.00	0.00	0.00	0.00	0.00	136,000.00	27,200.00	62,700.00	3,887.40	136,000.00	1,972.00
Jose Schaeffer 456-78-9012	FICA Active-SK	16,183.00	0.00	18,666.67	11,200.00	9,600.00	27,383.00	5,476.60	25,783.00	1,598.55	25,783.00	373.85
Lois G. Sheppard 678-90-1234	FICA Active-WC	25,172.00	0.00	2,000.00	0.00	0.00	25,172.00	5,034.40	25,172.00	1,560.66	25,172.00	364.99
John R. McNamara 023-45-6789	MQGE/FICA Active	60,500.00	0.00	0.00	0.00	0.00	60,500.00	12,100.00	0.00	0.00	60,500.00	877.25
Mary V. Smith 701-23-4567	FICA-Exempt Active	56,000.00	0.00	0.00	0.00	0.00	56,000.00	11,200.00	0.00	0.00	0.00	0.00
Thomas J. Mason 666-78-9012	FICA Active	50,000.00	0.00	150.00	150.00	150.00	50,150.00	10,000.00	50,150.00	3,109.30	50,150.00	727.18
Samuel L. Johnson 543-21-0987	FICA Retired	0.00	0.00	675.00	675.00	0.00	675.00	0.00	0.00	0.00	0.00	0.00
Total	MQGE	54,000.00	0.00	0.00	0.00	0.00	54,000.00	10,800.00	24,000.00	1,488.00	54,000.00	783.00
	MQGE/FICA	60,500.00	0.00	0.00	0.00	0.00	60,500.00	12,100.00	0.00	0.00	60,500.00	877.25
	FICA-Exempt	56,000.00	0.00	0.00	0.00	0.00	56,000.00	11,200.00	0.00	0.00	0.00	0.00
	FICA	304,099.00	4,035.00	21,491.67	12,025.00	9,750.00	320,159.00	63,866.80	244,584.00	15,679.68	317,884.00	4,093.84
		420,599.00	4,035.00	21,491.67	12,025.00	9,750.00	436,659.00	87,166.80	244,584.00	15,679.68	378,384.00	4,971.09
Annual Grand Total		**474,599.00**	**4,035.00**	**21,491.67**	**12,025.00**	**9,750.00**	**490,659.00**	**97,966.80**	**268,584.00**	**17,167.68**	**432,384.00**	**5,754.09**
Adjustments									(24,000.00) 27,000.00 675.00	(1,488.00) (515.48) 1,674.00	675.00	515.48
Net Adjustment							0.00	0.00	3,675.00	(329.48)	675.00	515.48
Corrected First Total							490,659.00	97,966.80	272,259.00	16,838.20	433,059.00	6,269.57
941c Adjustments										(617.11)	675.00	1,040.75

APPENDIX A: TELEPHONE NUMBERS FOR THE SOCIAL SECURITY ADMINISTRATION'S REGIONAL MAGNETIC MEDIA SPECIALISTS

NOTE: THESE ARE NOT TOLL-FREE TELEPHONE NUMBERS

NOTE: THESE ARE NOT TOLL-FREE TELEPHONE NUMBERS

Social Security personnel at these telephone numbers can help callers with questions about how to submit **W-2's on magnetic media**. Refer to Internal Revenue Service (IRS) Publication 393, "Federal Employment Tax Forms" for instructions on filing **paper W-2's/W-3's**. Employers, payroll services or an "agent" filing W-2's for employers may telephone the IRS Martinsburg Computing Center call site at (304) 263-8700 with employment tax questions.

Calls from:	Telephone:		Calls from:	Telephone:	
Alabama	(334) 223-7020	(Montgomery)*	Nebraska	(816) 426-2095	(Kansas City)
Alaska	(206) 615-2125	(Seattle)	Nevada	(415) 744-4559	(San Francisco)
American Samoa	(415) 744-4559	(San Francisco)	New Hampshire	(617) 565-2895	(Boston)
Arizona	(415) 744-4559	(San Francisco)	New Jersey	(212) 264-5643	(New York)
Arkansas	(501) 324-5466	(Little Rock)	New Mexico	(505) 262-6048	(Albuquerque)
California	(415) 744-4559	(San Francisco)	New York	(212) 264-5643	(New York)
Colorado	(303) 844-2364	(Denver)	North Carolina	(919) 790-2804	(Raleigh)*
Connecticut	(617) 565-2895	(Boston)	North Dakota	(303) 844-2364	(Denver)
Delaware	(215) 597-4632	(Philadelphia)	Ohio	(312) 353-6717 ext. 2377	(Chicago)
Dist. of Columbia	(215) 597-4632	(Philadelphia)	Oklahoma	(405) 951-3007	(Oklahoma City)
Florida-North	(904) 942-8975	(Tallahassee)*	Oregon	(206) 615-2125	(Seattle)
Florida-South	(305) 672-4517	(Miami Beach)*	Pennsylvania	(215) 597-4632	(Philadelphia)
Georgia	(404) 730-3553	(Atlanta)*	Puerto Rico	(787) 766-5574	(San Juan)
Guam	(415) 744-4559	(San Francisco)	Rhode Island	(617) 565-2895	(Boston)
Hawaii	(415) 744-4559	(San Francisco)	South Carolina	(803) 629-8601	(Florence)*
Idaho	(206) 615-2125	(Seattle)	South Dakota	(303) 844-2364	(Denver)
Illinois	(312) 353-6717 ext. 2377	(Chicago)	Tennessee	(615) 896-9430	(Murfreesboro)*
Indiana	(312) 353-6717 ext. 2377	(Chicago)	Texas-Central/South	(210) 472-6433	(San Antonio)
Iowa	(816) 426-2095	(Kansas City)	Texas-Dallas County	(214) 767-6777	(Dallas)
Kansas	(816) 426-2095	(Kansas City)	Texas-North	(817) 978-3123	(Fort Worth)
Kentucky	(502) 875-8315	(Frankfort)*	Texas-Southeast	(713) 718-3015	(Houston)
Louisiana	(504) 389-0426	(Baton Rouge)	Texas-West	(505) 262-6048	(Albuquerque)
Maine	(617) 565-2895	(Boston)	Utah	(303) 844-2364	(Denver)
Maryland	(215) 597-4632	(Philadelphia)	Vermont	(617) 565-2895	(Boston)
Massachusetts	(617) 565-2895	(Boston)	Virgin Islands	(787) 766-5574	(San Juan)
Michigan	(312) 353-6717 ext. 2377	(Chicago)	Virginia	(215) 597-4632	(Philadelphia)
Minnesota	(312) 353-6717 ext. 2377	(Chicago)	Washington	(206) 615-2125	(Seattle)
Mississippi	(601) 693-4859	(Meridian)*	West Virginia	(215) 597-4632	(Philadelphia)
Missouri	(816) 426-2095	(Kansas City)	Wisconsin	(312) 353-6717 ext. 2377	(Chicago)
Montana	(303) 844-2364	(Denver)	Wyoming	(303) 844-2364	(Denver)

* or Atlanta (404) 331-2587

APPENDIX B: IRS/SSA PUBLICATIONS

There are several other IRS and SSA publications which can help employers file wage reports. Several key publications from each Agency are listed below.

IRS Publications

- Tax Guide for Small Business, Publication 334
- Farmer's Tax Guide, Publication 225
- Employer's Tax Guide, Publication 15 (Circular E)
- Federal Employment Tax Forms, Publication 393
- Specifications for Private Printing of Substitute Forms W-2c and W-3c, Publication Number 1223.

For copies of these and other IRS publications, please contact the local IRS office listed in your telephone directory or call Toll Free 1-800-829-3676 to request this information.

SSA Publications

- Employers Guide to Filing Timely and Accurate W-2 Wage Reports

  For copies of this publication, please contact your regional SSA magnetic media coordinator, (see Appendix A).

- Software Specifications and Edits for Annual Wage Reporting, Publication No. 31-011.

You can obtain copies of this SSA publication by;

a. Using a personal computer and modem to access either the SSA or IRS electronic BBS. You can access the SSA-BBS by dialing (410) 965-1133 or the IRS-BBS by dialing (304) 264-7070. Internet subscribers can read and print this publication directly from the Employer Information section of SSA Online @ http://WWW.SSA.GOV.

b. Forward written requests to:

Social Security Administration
Office of Financial Policy and Operations
ATTN: AWR Software Standards Project
P.O. Box 17195
Baltimore, MD. 21235

APPENDIX C, Format Changes to Form W-2C

1993 Box Number	Box Name	1992 Box Number
Box a	Year/Form Corrected	Blank
Box b	Employee's name, address, and ZIP code	Blank
Box c	Employer's name, address, and ZIP code	Blank
Box d	Employee's correct SSN	Box 1
Box e	Employer's SSA number	Box 2
Box f	Employer's Federal EIN	Box 3
Box g	Employer's state I.D. number	Box 4
Box h	Previously reported	Box 7
Box i	Corrected	Box 8
Box j	Employer's use	Blank
Box k	Employee's incorrect SSN Box 5	
Box l	Employee's name (as incorrectly shown on previous form)	Box 6
Box 1	Wages, tips, other comp.	Box 10
Box 2	Federal income tax withheld	Box 9
Box 3	Social security wages	Box 12
Box 4	Social security tax withheld	Box 11
Box 5	Medicare wages and tips	Box 14
Box 6	Medicare tax withheld	Box 15
Box 7	Social security tips	Box 13
Box 8	Allocated tips	Box 17
Blank	Blank	Box 16a
Blank	Blank	Box 16b
Blank	Blank	Box 16c
Box 17	State wages, tips, etc.	Box 19
Box 18	State income tax	Box 18
Box 20	Local wages, tips, etc.	Box 21
Box 21	Local income tax	Box 20

APPENDIX D, Format Changes to Form W-3C

1993 Box Number	Box Name	1992 Box Number
Box a	Year/Form corrected	Blank
Box b	Employer's name, address, and ZIP code	Box 1
Box c	Number of Forms W-2c	Blank
Box d	Establishment number	Blank
Box e	Employer's Federal EIN	Box 3
Box f	Kind of Payer	Box 5
Box g	Employer's state I.D. number	Box 4
Box h	Employer's SSA no.	Box 2
Box i	Employer's Incorrect Federal EIN	Box 7
Box j	Incorrect establishment number	Box 8a
Box k	Employer's Incorrect SSA number	Box 8b
Box 1	Wages, tips, and other compensation	Box 10
Box 2	Federal income tax withheld	Box 9
Box 3	Social security wages	Box 12
Box 4	Social security tax withheld	Box 11
Box 5	Medicare wages and tips	Box 14
Box 6	Medicare tax withheld	Box 15
Box 7	Social security tips	Box 13
Box 8	Allocated tips	Box 17
Blank	Blank	Box 16a
Blank	Blank	Box 16b
Blank	Blank	Box 16c
Box 17	State wages, tips, etc.	Box 19
Box 18	State income tax	Box 18
Box 20	Local wages, tips, etc.	Box 21
Box 21	Local income tax	Box 20
Box 22	Explain decreases here	Box 22